

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F08000005206

Entity Name: SPE GO HOLDINGS, INC.

**FILED**  
**Aug 27, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

40 WESTMINSTER ST.  
PROVIDENCE, RI 02903

## **New Principal Place of Business:**

40 WESTMINSTER STREET  
PROVIDENCE, RI 02903 US

## **Current Mailing Address:**

40 WESTMINSTER ST.  
PROVIDENCE, RI 02903

## **New Mailing Address:**

40 WESTMINSTER STREET  
PROVIDENCE, RI 02903 US

FEI Number: 05-0465044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## **Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: HINCKLEY, GERARD PD  
Address: 40 WESTMINSTER STREET  
City-St-Zip: PROVIDENCE, RI 02903 US

Title: SD  
Name: MUCH, ANDREW L SD  
Address: 40 WESTMINSTER STREET  
City-St-Zip: PROVIDENCE, RI 02903 US

Title: CFO  
Name: BROOK, NICOLE CFO  
Address: 40 WESTMINSTER STREET  
City-St-Zip: PROVIDENCE, RI 02903 US

Title: SVP  
Name: BURCH, MARC SVP  
Address: 40 WESTMINSTER STREET  
City-St-Zip: PROVIDENCE, RI 02903 US

Title: SVP  
Name: NICHIPOR, THOMAS N SVP  
Address: 40 WESTMINSTER STREET  
City-St-Zip: PROVIDENCE, RI 02903 US

Title: SVP  
Name: JAMES, PETER SVP  
Address: 40 WESTMINSTER STREET  
City-St-Zip: PROVIDENCE, RI 02903 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

08/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date