



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 20527		2. Name of Corporation ASHLAND INC.			
3. Street Address Principal Business Office 50 E RIVERCENTER BLVD			City COVINGTON	State KY	Zip 41012-0391
4. Business Phone No. 859-357-7143		5. State of Incorporation KENTUCKY			
6. Brief Description of the Character of Business Conducted in Rhode Island INACTIVE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES J. O'BRIEN			Vice President Name LAMAR M. CHAMBERS		
Street Address 50 E RIVERCENTER BLVD			Street Address 50 E RIVERCENTER BLVD		
City COVINGTON	State KY	Zip 41012	City COVINGTON	State KY	Zip 41012
Secretary Name DAVID L. HAUSRATH			Treasurer Name DARAGH L. PORTER		
Street Address 50 E RIVERCENTER BLVD			Street Address 50 E RIVERCENTER BLVD		
City COVINGTON	State KY	Zip 41012	City COVINGTON	State KY	Zip 41012
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DR. ERNEST H. DREW			Director Name ROGER W. HALE		
Street Address 2029 LAS TUNAS ROAD			Street Address 218 MOCKINGBIRD LANE		
City SANTA BARBARA	State CA	Zip 93103	City LOUISVILLE	State KY	Zip 40207
Director Name DR. BERNADINE P. HEALY			Director Name MANNIE L. JACKSON		
Street Address 1950 RICHMOND ROAD MAIL CODE TR-3			Street Address 400 VAN BUREN STREET SUITE 200		
City LYNDHURST	State NJ	Zip 44124	City PHOENIX	State AZ	Zip 85004
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
330000000	NO PAR VALUE		0		
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date: FEB 25 2008

Check No: 10175005

By: *MRC*

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

M Ray Pace 2-22-08
Signature Date
M. RAY PACE
Print or Type Name
ASSISTANT SECRETARY - TAX
Title