

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 2009

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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. 7-1.2-15).

1. Corporate ID No. 20527	2. Name of Co ASHLAN	orporation DINC.			
3. Street Address Principal Business Office 50 E RIVERCENTER BOULEVARD			City COVINGTON	State <b>KY</b>	2tp 41012
4. Business Phone No. 5. State of Incorpor 859-357-7484 KENTUCKY					141012
<ol> <li>Brief Description of the Chard INACTIVE</li> </ol>	icter of Business Cond	ucted in Rhode Island			
JAMES J. O'BRIEN	SES OF THE OF	FICERS: ("X" BOX FOR ATT	ACHMENT) THIL IN S Vice President Name LAMAR M. CHAMB		IG ATTACHMENTS
Street Address 50 E RIVERCENTER BOULEVARD			Street Address 50 E RIVERCENTER BOULEVARD		
City COVINGTON Secretary Name	State KY	<sup>Zip</sup> 41012	City COVINGTON	State KY	<i>Ζψ</i> 41012
DAVID L. HAUSRATH			Treasurer Name DARAGH L. PORTER		
Street Address 50 E RIVERCENTER BOULEVARD			Street Address 50 E RIVERCENTER BOULEVARD		
COVINGTON	State KY	<i>Хі</i> р <b>41012</b>	COVINGTON	State	<i>Ztp</i> 41012
Officetor Name  OR. ERNEST H. DREV	SES OF THE DIR	ECTORS: ("X" BOX FOR AT	FACHMENT)   FILL IN Director Name ROGER W. HALE	SPACES BEFORE USI	NG ATTACHMENTS
2029 LAS TUNAS ROAD			Street Address 218 MOCKINGBIRD LANE		
SANTA BARBARA  irrector Name	State CA	93103	City LOUISVILLE	State KY	<i>Ζφ</i> 40207
DR BERNADINE P. HEALY			Director Name MANNIE L. JACKSON		
1950 RICHMOND ROAD MAIL CODE TR-3			Street Address 400 VAN BUREN STREET SUITE 200		
YNDHURST SHARES AUTHORIZED	NJ NJ	<i>ир</i> 44124	City PHOENIX	State AZ	<sub>Хір</sub> 85004
330,000,000	er e.		10. SHARES ISSUED ( ISSUED SHARES THIS SECT	"X" BOX FOR ATTAC	CHMENT)
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			0		NO PAR VALUE
is report must be avacuate	1 1 1 1 0 0 1	e corporation by an authorized			

uted on behalf of the corporation by the receiver or trustee.

	including any acco
File Date 3-9-09	contained herein a
Check No. 1030127/a	Signature
By: MMC	M. RAY PAC
FOR SECRETARY OF STATE USE ONLY	Print or Type Name  ASSISTAN
	Title

perjury, I declare and affirm that I have examined this report, ompanying schedules and statements, and that all statements

merading any accompanying schedule	s and statements, and that all statement
contained herein are true and correct.	in state in
88m 711 17	
- MKankley	<u>2-26-2009</u>
Signature /	Date
M. RAY PACÉ	
n	

TREASURER - TAX

Form 630 Rev. 08/08