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Providence RI 02904-2615 (401) 222-3040 Imited Liability Company Sinual Report Winneal Report With Huld (30) days after the time prescribed by law (R.I.G.L. 16-66(b42) is subject to a panalty fee of \$25.00. ANNUAL REPORT YEAR: 2012 1. ID No. 000566560 2. Exact Name of the Limited Liability Company Alliant Techsystems Operations LLC 3. State of Formation State: DE 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Isl manufacturing 5. Principal Office Address No. and Street: 7480 FLYING CLOUD DRIVE City or Town: EDEN PRAIRIE State: MN Zip: <u>55344</u> Country: [in the second	Division Of B	usiness Services	
(401) 222-3040 imited Liability Company mual Report ling Period: September 1 - November 1 accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to e its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. -16-66(b&c)) is subject to a penalty fee of \$25.00. NNUAL REPORT YEAR: 2012 1. ID No. 000566560 2. Exact Name of the Limited Liability Company Alliant Techsystems Operations LLC 3. State of Formation State: DE 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Isl manufacturing 5. Principal Office Address No. and Street: 7480 FLYING CLOUD DRIVE 20ty or Town: EDEN PRAIRIE S. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No and Street: 7480 FLYING CLOUD DRIVE 20ty or Town: EDEN PRAIRIE S. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No and Street: 7480 FLYING CLOUD DRIVE 20ty or Town: City or Town: EDEN PRAIRIE State: MN Zip: 55344 Country: 100 Ama and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address, City or Town, State, Zip Code, Code, Code Arono NSTHAL NIN N PLYMOUTI, NN 55442-2512 USA <td></td> <td>148 W. R</td> <td>River Street</td> <td></td>		148 W. R	River Street	
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MANAGER NEAL S. COHEN 1300 WILSON BOULEVARD, SUITE 4	NOT LIST MEMBER	S		Address
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CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of September, 2012 at 6:41:40 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MANDELINE HENDRICKS

Signature of Authorized Person

Form No. 632 Revised 09/07

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