s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River S	reet	
	Providence RI 0290		
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
<b>1. ID No.</b> <u>000536197</u>			
2. Exact Name of the Limited Liability Company GARLOCK SEALING TECHNOLOGIES LLC			
3. State of Formation			
State: <u>NC</u>			
0	Code that best describes the primary e information on <u>NAICS</u> can be found		
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rh	ode Island
SALES OF SEALS AN	D GASKETS		
5. Principal Office Addre	SS		
No. and Street. 1666 DIVISION STREET			
	<u>DIVISION STREET</u> <u>MYRA</u> State	: <u>NY</u> Zip: <u>14522</u> Coun	try: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact	Title:		
No. and Street: 1666	DIVISION STREET		
City or Town: PALN	<u>IYRA</u> State	: <u>NY</u> Zip: <u>14522</u> Cour	itry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country
MANAGER	ERIC A. VAILLANCOURT	5605 CARNEGIE BLVD. CHARLOTTE, NC 28209 I	
MANAGER	CHRISTOPHER DRAKE	1666 DIVISION STR	REET

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 27 Day of September, 2017 at 1:52:32 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

 $\textcircled{\mbox{\sc only}}$  2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved