	State of Rhode Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 14-2615	
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>2020</u>		
1. ID No. <u>001341088</u>	3		
2. Exact Name of the Limited Liability Company <u>BLUE CUBE OPERATIONS LLC</u>			
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
the list of codes here. More	Code that best describes the primary e information on <u>NAICS</u> can be found		entity. Download
325180			
4. Brief Description of the	e Character of the Business Which	is Actually Conducted in	Rhode Island
SALES OF CHLOR AL	KALI, EPOXY AND CHLORINA	ATED ORGANIC PRODU	JCTS
5. Principal Office Addres	SS		
No. and Street:190 CARCity or Town:CLAYTO	RONDELET PLAZA, SUITE 1530 ON	State: <u>MO</u> Zip: <u>6310</u>	5 Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Perso	n:
Contact Name: Contact No. and Street: <u>190 CAR</u> City or Town: <u>CLAYTO</u>	ONDELET PLAZA, SUITE 153	<u>30</u> State: <u>MO</u> Zip: <u>6310</u>	<u>5</u> Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, 2	Zip Code, Country
8. RESIDENT AGENT IN R	HODE 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 16 Day of October, 2020 at 10:24:40 AM 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 <u>NICHOLAS W. HENDON</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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