



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
401.223.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2006

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 98058	2. Exact name of the limited liability company Merial LLC		
3. State of Formation Delaware	4. Brief description of the character of the business which is actually conducted in Rhode Island Manufacture and sale of Animal Health Products		
5. Principal office address 3239 Satellite Boulevard		City Duluth	State GA
		Zip 30096	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Rachel B. Little		Contact Title Senior Paralegal	
Street Address 3239 Satellite Boulevard		City Duluth	State GA
		Zip 30096	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X=BOX FOR ATTACHMENT) ☐			
Manager Name W. Joseph Thesing, Jr.		Manager Name Horace D. Nalle	
Street Address 3239 Satellite Boulevard		Street Address 3239 Satellite Boulevard	
City Duluth	State GA	City Duluth	State GA
Zip 30096		Zip 30096	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT Corporation System		Address	
Address 10 Weybosset Street		City Providence	Zip 02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-68 (b).

98058

FILED	
File Date AUG 22 2008	Check No.
By: <i>[Signature]</i>	OS: 11/11/08
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.

[Signature] 19 Aug 08
Signature of Authorized Person Date
Christian Schwerd
Print or Type Name of Authorized Person