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
401.222.3040

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.	2. Exact name of the limited liability company
98058	Merial LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Delaware	Manufacture and sale of Animal Health Products

5. Principal office address	City	State	Zip
3239 Satellite Boulevard	Duluth	GA	30096

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Rachel B. Little	Senior Paralegal

Street Address	City	State	Zip
3239 Satellite Boulevard	Duluth	GA	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	Street Address	City	State	Zip
W. Joseph Thesing, Jr.	3239 Satellite Boulevard	Duluth	GA	30096
Horace D. Nalle	3239 Satellite Boulevard	Duluth	GA	30096

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

Agent Name	Address	City	Zip
CT Corporation System		Providence	02903
Address			
10 Weybosset Street			

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

98058

[redacted]

FILED
File Date AUG 22 2008
Check No.
By: By [illegible]
FOR SECRETARY OF STATE USE ONLY

AUG 22 2008 AM 11:50 [redacted]

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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.

[redacted]

[signature] 19 Aug 08
Signature of Authorized Person *Date*

Christian Schwerd
Print or Type Name of Authorized Person

Form 632 Rev. 07/07