RI SOS Filing Number: 200836193730 Date: 10/02/2008 4:00 PM

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 2008

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			
160772	Hilex Poly Co., LLC			
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island			
Delaware	Sales			
5. Principal office address	City	State	Zip	
101 E Carolina Ave	Hartsville	SC	29550	

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

Contact Name	Contact Title		
Rick Martin	Treasurer		
Street Address	City	State	Zip
101 E Carolina Ave	Hartsville	SC	29550

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	Manager Name
Brad Ankerholz - CFO	Rick Martin - Treasurer
Street Address	Street Address
101 E Carolina Ave	101 E Carolina Ave
City / State / Zip	City / State / Zip
Hartsville / SC / 29550	Hartsville / SC / 29550
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / 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	Address
National Corporate Research	222 Jefferson Blvd
Address	City / Zip
Suite 200	Warwick / 02888

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

[redacted] [redacted]

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.

9/26/08
Signature of Authorized Person *Date*

[redacted]

Rick Martin - Treasurer
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 02 2008
By:	By 90553

FOR SECRETARY OF STATE USE ONLY

26886-22-288716

Form 632 Rev. 07/07