



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, 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

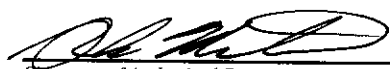
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 160772		2. Exact name of the limited liability company Hilex Poly Co., LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Sales	
5. Principal office address 101 E Carolina Ave		City Hartsville	State SC
		Zip 29550	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Rick Martin		Contact Title Treasurer	
Street Address 101 E Carolina Ave		City Hartsville	State SC
		Zip 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 Brad Ankerholz - CFO		Manager Name Rick Martin - Treasurer	
Street Address 101 E Carolina Ave		Street Address 101 E Carolina Ave	
City Hartsville	State SC	City Hartsville	State SC
Zip 29550		Zip 29550	
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 National Corporate Research		Address 222 Jefferson Blvd	
Address Suite 200		City Warwick	Zip 02888

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

File Date	FILED
Check No.	OCT 02 2008
By	90553
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 of Authorized Person
Date **9/26/08**
Rick Martin - Treasurer
Print or Type Name of Authorized Person