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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • ***Filing Fee: $50.00**** **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
	Nuco2, Inc.		
3. Street Address Principal Business Office	City	State	Zip
2800 SE Market Place	Stuart	FL	34997
4. Business Phone No.	5. State of Incorporation		
772 221 1754	Florida		

6. Brief Description of the Character of Business Conducted in Rhode Island
Any and all lawful purposes

7. NAMES AND ADDRESSES OF THE OFFICERS (✓ BOX FOR ATTACHMENT ☐ FILL IN SPACES BEFORE USING ATTACHMENTS)

President Name			Vice President Name		
Michael E. DeDomenico			W. Scott Wade		
Street Address			Street Address		
2800 SE Market Place			2800 SE Market Place		
City	State	Zip	City	State	Zip
Stuart	FL	34997	Stuart	FL	34997
Secretary Name			Treasurer Name		
Eric M. Wechsler			Robert R. Galvin		
Street Address			Street Address		
2800 SE Market Place			2800 SE Market Place		
City	State	Zip	City	State	Zip
Stuart	FL	34997	Stuart	FL	34997

8. NAMES AND ADDRESSES OF THE DIRECTORS (✓ BOX FOR ATTACHMENT ☐ FILL IN SPACES BEFORE USING ATTACHMENTS)

Director Name			Director Name		
David Alpern			Larry Bossidy		
Street Address			Street Address		
2800 SE Market Place			3800 SE Market Place		
City	State	Zip	City	State	Zip
Stuart	FL	34997	Stuart	FL	34997
Director Name			Director Name		
Michael E. DeDomenico			Dale Frey		
Street Address			Street Address		
2800 SE Market Place			3800 SE Market Place		
City	State	Zip	City	State	Zip
Stuart	FL	34997	Stuart	FL	34997

9. SHARES AUTHORIZED (✓ BOX FOR ATTACHMENT ☐) | **10. SHARES ISSUED (✓ BOX FOR ATTACHMENT ☐)**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	Ø	100	Common	Ø

THIS SECTION MUST BE COMPLETED

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[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.

E. M. Wechsler   12-9-08
Signature   Date

Eric M. Wechsler
Print or Type Name

Secretary
Title

FOR SECRETARY OF STATE USE ONLY

12:13 [redacted]

Form 630 Rev. 12/06

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