

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 __

2009

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) is subject to a penalty fee of \$25.00.

law (R.I.G.L. 7-1.2-1501(c	(&d)) is subject to a pena	lty fee of \$25.00.			
1. Corporate ID No. 21851	2. Name of Corporation W. R. GRACE & COCONN.				
3. Street Address Principal Business Office 7500 Grace Drive			City Columbia	State Maryland	Zip 21044
4. Business Phone No. 5. State of Incorpora 410-531-4000 Connecticut			ion		
6. Brief Description of the Ch	aracter of Business Conducted	l in Rhode Island	.,		
President Name	ESSES OF THE OFFICE	ERS: ("X" BOX FOR A	TTACHMENT) FILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS
Alfred E. Festa			W. Brian McGowan		
Street Address 7500 Grace Drive			Street Address 7500 Grace Drive		
сну Columbia	State Maryland	<i>Zip</i> 21044	City Columbia	State Maryland	21044
Secretary Name Mark A. Shelnitz			Treasurer Name Hudson La Force, III		
Street Address 7500 Grace Drive			Street Address 7500 Grace Drive .		
City Columbia	State Maryland	Zip 21044	City Columbia	State Maryland	Zip 21044
8. NAMES AND ADDR	ESSES OF THE DIRECT	TORS: ("X" BOX FOR	ATTACHMENT) [FILL II	N SPACES BEFORE USIN	IG ATTACHMENTS
Director Name			Director Name		
Alfred E. Festa			Mark A. Shelnitz		
Street Address			Street Address 7500 Grace Drive		
7500 Grace Drive	State	Zip	City	State	Zip
Columbia	Maryland	21044	Columbia	Maryland	21044
Director Name			Director Name		
Hudson La Force, III					
Street Address			Street Address		
7500 Grace Drive	" I.a	Tas.		tu	7/6
City Columbia	State Maryland	<i>Ζίρ</i> 21044	City	State	Zip
	ZED ("X" BOX FOR A	· _	10. SHARES ISSUED	 ("X" BOX FOR ATTAC	I HMENT) □
AUTHORIZED SHARES	(ECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300,000,000	Common	\$1.00	84,500,000	Common	\$1.00
	ecuted on behalf of the cated on behalf of the c		orized representative. If the iver or trustee.	corporation is in the hand	is of a receiver or trustee,

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date 14409	contained herein are true and correct. 15/09
Check No. 00478829	Signature Date' / Mark A. Shelnitz
By:MMO_	Print or Type Name Vice President, General Counse! & Secretary
FOR SECRETARY OF STATE USE ONLY	Title