RI SOS Filing Number: 200951327160 Date: 09/14/2009 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 2009

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
000226293	Republic Storage Systems, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Delaware	Solicit sales for Ohio manufacturer

5. Principal office address	City	State	Zip
1038 Belden Avenue NE	Canton	OH	44705

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

Contact Name	Contact Title
Emma Geckler	Manager - General/Cost Accounting

Street Address	City	State	Zip
1038 Belden Avenue NE	Canton	OH	44705

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
Street Address	Street Address
City / State / Zip	City / State / Zip
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 Registered Agents, Inc.	

Address	City	Zip
222 Jefferson Boulevard, Suite 200	Warwick	02888

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

[redacted] 000226293 [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.

Signature of Authorized Person — *Date* 8/21/09

Christopher J. Carr, Manager
Print or Type Name of Authorized Person

File Date	9-14-09
Check No.	172835
By:	mnc

FOR SECRETARY OF STATE USE ONLY

38147-20-407296

Form 632 Rev. 07/07