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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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		
000173541	Zurn Industries, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
Delaware	Sales solicitation		
5. Principal office address	City	State	Zip
1801 Pittsburgh Ave	Erie	PA	16502

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

Contact Name	Contact Title		
Edmund L Krainski	Treasurer		
Street Address	City	State	Zip
1801 Pittsburgh Ave	Erie	PA	16502

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		
Alex P Marini			George C Moore		
Street Address			Street Address		
1801 Pittsburgh Ave			4701 West Greenfield Ave		
City	State	Zip	City	State	Zip
Erie	PA	16502	Milwaukee	WI	53214
Manager Name			Manager Name		
Robert A hitt			Carl Nicolia		
Street Address			Street Address		
4701 West Greenfield Ave			1801 Pittsburgh Ave		
City	State	Zip	City	State	Zip
Milwaukee	WI	53214	Erie	PA	16502

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

000173541

FILED
File Date OCT 08 2009
Check No.
By: By 241590
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.

E L Krainski 9/24/09
Signature of Authorized Person *Date*

Edmund L Krainski
Print or Type Name of Authorized Person

Form 632 Rev. 08/08