



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. 000194512		2. Exact name of the limited liability company SCC Materials, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Sale and distribution of material for the hard metals industry.	
5. Principal office address 5600 Post Road, Suite 114		City East Greenwich	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Christopher Kolb		Contact Title Managing Member	
Street Address 5600 Post Road, Suite 114		City East Greenwich	State RI
		Zip 02818	
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 Christopher Kolb		Manager Name	
Street Address 5600 Post Road, Suite 114		Street Address	
City East Greenwich	State RI	City	State
	Zip 02818		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
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).

000194512

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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.

Christopher W. Kolb 10-28-09
Signature of Authorized Person Date
Christopher W. Kolb
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 28 2009
By:	By <u>DS 9/14</u>
FOR SECRETARY OF STATE USE ONLY	