RALPH MOIL	tate of Rhode Island and Pro Office of the Secreta	
Sectionary of State	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet 04-2615
Limited Liability Company		
Annual Report	pany	
Filing Period: September 1 - November 1		
	7-16-66(d), each limited liability comp hirty (30) days after the time prescribe a penalty fee of \$25.00.	
ANNUAL REPORT YEAR:		
1. ID No. <u>000518422</u>		
2. Exact Name of the Limited Liability Company <u>TPI China, LLC</u>		
3. State of Formation		
State: <u>DE</u>		
Parent Company - TPI C	omposites (Taicang) Company Ltd.	-
5. Principal Office Addre	SS	
No. and Street: <u>CORPORATION SERVICE CO</u> 2711 CENTERVILLE ROAD, SUITE 400		
	<u>NGTON</u>	State: <u>DE</u> Zip: <u>19808</u> Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	or Title of Contact Person:
Contact Name: STEPHE	N J. BEAVER Contact Title:	
	MARKET STREET	
City or Town: WA	<u>RREN</u> State	:: <u>RI</u> Zip: <u>02885</u> Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
	RHODE ISLAND - DO NOT ALTER g of Form 642 - R.I.G.L. 7-16-11	
CORPORATION SERVIC	<u>CE COMPANY 222 JEFFERSON BOI</u>	JLEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 29 Day of September, 2010 at 9:52:53 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>STEPHEN J. BEAVER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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