



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

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

1. ID No. 142533		2. Exact name of the limited liability company CHANNEL PRIME ALLIANCE LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Resale of plastic and rubber raw materials	
5. Principal office address 1900 Summit Tower Blvd., Suite 900		City Orlando	State FL
		Zip 32810	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard O'Neil		Contact Title Tax Director	
Street Address 1900 Summit Tower Blvd., Suite 900		City Orlando	State FL
		Zip 32810	
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) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	State
Manager Name	Manager Name	Manager Name	Manager Name
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	State
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			

FILED

OCT 22 2010

BY

129472

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

142533

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2010 OCT 22 PM 11:47

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

9/22/10
Date

JOHN PROVOST

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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