Fee: \$50.00

State: TN Zip: 38017 Country: USA



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

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

# Foreign Business Corporation Annual Report 2011

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR: 2011** 

- 1. Corporate ID No. 000022396
- 2. Name of Corporation <u>HELENA CHEMICAL COMPANY</u>
- 3. Street Address Principal Business Office:

No. and Street: 225

225 SCHILLING BOULEVARD

City or Town: <u>COLLIERVILLE</u>

4. Business Phone No.

901-761-0050

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

## **DISTRIBUTION OF AGRICULTURE CHEMICALS**

#### 7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	MIKE MCCARTHY	225 SCHILLING BOULEVARD COLLIERVILLE, TN 38017- USA 225 SCHILLING BLVD. COILLIERVILLE, TN 38017 USA	
Vice President	TROY TRAXLER JR		
Treasurer ROGER LEWIS		225 SCHILLING BLVD. COLLIERVILLE, TN 38017 USA	

Treasurer	TROY TRAXLER JR	225 SCHILLING BLVD. COLLIERVILLE, TN 38017 USA
Director	YASUO YAGI	450 LEXINGTON NEW YORK, NY 10017 USA
CONTROLLER	JENNIFER WILLIAMS	225 SCHILLING BLVD. COLLIERVILLE, TN 38017 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CWP		\$100.00	1,000.00	520.00

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

### **Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: MARGIE BRIGGS

Business Name:

No. and Street: <u>225 SCHILLING BLVD.</u>

City or Town: <u>COLLIERVILLE</u>

<u>DLLIERVILLE</u> State: <u>TN</u> Zip: <u>38017</u> Country: <u>USA</u>

Contact Phone: (901) 761-0050 ext:

Contact Email: <u>briggsm@hel</u>enachemical.com

Please provide an email address to receive an expedited response from us if the filing is rejected

for any reason. If no email address is provided, we will respond by mail.

Signed this 24 Day of January, 2011 at 11:48:32 AM. 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By JENNIFER WILLIAMS

Signature of Authorized Representative of the Corporation

**CONTROLLER** 

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

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