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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company		
507971	Akzo Nobel Paints LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
DE	Paint Sales		
5. Principal office address	City	State	Zip
525 West Van Buren Street, 16th Floor	Chicago	IL	60607

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

Contact Name	Contact Title		
James Jackson	Tax Officer		
Street Address	City	State	Zip
525 West Van Buren Street, 16th Floor	Chicago	IL	60607

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Robert A. Taylor			Steven J. Miller		
Street Address			Street Address		
15885 W. Sprague Road			15885 W. Sprague Road		
City	State	Zip	City	State	Zip
Strongsville	OH	44136	Strongsville	OH	44136
Manager Name			Manager Name		
Janice L. Lucchesi					
Street Address			Street Address		
525 West Van Buren Street, 16th Floor					
City	State	Zip	City	State	Zip
Chicago	IL	60607			

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
SEP 10 2012
2102428 77

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 — Date 8/21/12

Janice Lucchesi, Manager
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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