PH M S	tate of Rhode Island and Pro	vidence Plantations Fee: \$50.00
Office of the Secretary of State		
secretary of State	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 14-2615
Limited Liability Company		
Annual Report Filing Period: September 1 - November 1		
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.		
ANNUAL REPORT YEAR: 2013		
1. ID No. <u>000141001</u>		
2. Exact Name of the Limited Liability Company <u>DuPont Filaments-America, LLC</u>		
3. State of Formation		
State: <u>DE</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island SALES OF FILAMENTS USED IN TOOTHBRUSH PAINTBRUSH COSMETIC INDUSTRIAL		
BRUSH APPLICATIONS		
5. Principal Office Address		
No. and Street: WASHINGTON WORKS BLDG 158 BOX		
City or Town:1217 PARKERSBURGState: WV Zip: 26102Country: USA		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: Contact Title: No. and Street: <u>1007 MARKET STREET DI3039</u> City or Town: <u>WILMINGTON</u> State: <u>DE</u> Zip: <u>19898-0001</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
MANAGER	First, Middle, Last, Suffix THOMAS G VICHICH	Address, City or Town, State, Zip Code, Country
MANAGER	JOHN A SHANNON	WILMINGTON, DE 19898 USA
WANAGER		1007 MARKET STREET WILMINGTON, DE 19898 USA
MANAGER	KAREN B RENNEMO	1007 MARKET STREET WILMINGTON, DE 19898 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

Signed this 16 Day of September, 2013 at 2:43:45 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 KAREN B. RENNEMO

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\ensuremath{\textcircled{\sc 0}}$ 2007 - 2013 State of Rhode Island and Providence Plantations All Rights Reserved