

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 2013

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				
000783757	Structur	al Ballistic Solution	ns LLC			
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island				
RI		Composite Materials				
5. Principal office address 589 West Allenton Road			City North Kingstown	State RI	Zip 02852	
6. MAILING ADDRESS OF	LIMITED LIABILI	Y COMPANY AND NAM	E OR TITLE OF CONTACT PER	SON		
Contact Name Craig White		Contact Title Member				
Street Address 589 West Allenton Road			City North Kingstown	State RI	Zip 02852	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADE MENT) 🔲	RESSES) OF THE LIMIT	ED LIABILITY COMPANY, IF AF	PLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name CRAIG WHITE			Manager Name			
Street Address		GOAD	Street Address			
589 WEST City NORTH KINGS	State RI	Zip 02852	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	LIGATERIA					
G HESIDENI AGENI IN H	HUUE ISLAND			-98-1-98-198-198-198-198-198-198-198-198	<u> Grigoria da la Calleda de La comencia de Sec</u>	

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File Date Check No.	Under penalty of perjury, I this report, including any a and that all statements co
	Signature of Authorized Pers
FOR SECRETARY OF STATE USE ONLY	CRAIG WHIT

Form No. 632 Revised: 01/2012 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.

Dimeture of A.Ab. 22-15

re of Authorized Person

Print or Type Name of Authorized Person