

1. Entity ID No.

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.

2. Exact name of the limited liability company Konneco International, LLC

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

153191	Konneco International, LLC					
3. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Export					
5. Principal office address 34 Georgianna Ave			City North Smithfield	State RI	Zip 02896	
6. MAILING ADDRESS OF LIMIT	ED LIABILITY	COMPANY AND NAM	E OR TITLE OF CONTACT PER	SON:		
Contact Name Chris Koney			Contact Title Manager			
Street Address P.O. Box 775			City Slatersville	State RI	Zip 02876	
7. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDR	ESSES) OF THE LIMI	TED LIABILITY COMPANY, IF AI	PPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
3. RESIDENT AGENT IN RHODE						
This information is currently of r	ecord in the C	Office of the Secretary	y of State. Changes require filin	g Form 642.		
FILED O			<i></i>		SECRETATION OF THE SECRETARY OF THE SECR	
NOV 0 7 2013 BY 210	0304				PH 2: 52	
File Date			Under penalty of perjury, this report, including any and that all statements c	accompanying :	schedules and statements	
By:			Signature of Authorized Pe	$\overline{}$	11/07/2013 Date	
FOR SECRETARY OF STATE USE ONLY			Chris Koney			
			Print or Type Name of Authorized Person			

Form No. 832 Revised: 01/2012