



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.

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|--|-------------|--|---------------------------------|-------------|--------------|
| 1. Entity ID No. 000561532 | | 2. Exact name of the limited liability company Trico Specialty Films, LLC. | | | |
| 3. State of Formation RI | | 4. Brief description of the character of business conducted in Rhode Island Manufacturer of Specialty Films | | | |
| 5. Principal office address 310 Compass Circle | | City North Kingstown | | State RI | Zip 02852 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON | | | | | |
| Contact Name Edward F. Cote Jr. | | Contact Title President | | | |
| Street Address 108 Grove St | | City Worcester | | State MA | Zip 01605 |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name Industrial Packaging Supply Inc | | | Manager Name Theodore Coburn | | |
| Street Address 108 Grove St | | | Street Address 56 Quice St. | | |
| City Worcester | State MA | Zip 01605 | City Natick | State RI | Zip 02882 |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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. | | | | | |

FILED

MAR 13 2014

BY 12227

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

Edward F. Cote Jr.

Print or Type Name of Authorized Person