

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 2014

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				
148555	NUMAC	NUMACO HOLDINGS, LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
DUODE ISLAND		DESIGN, MANUFACTURE AND SALE OF PACKAGING PRODUCTS				
RHODE ISLAND						
5. Principal office address			City	State	Zip 02914	
82 BOYD AVENUE			EAST PROVIDENCE	RI	02914	
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT PERSO	ON:	_	
Contact Name			Contact Title	=		
NICHOLAS TITONE			MANAGER			
Street Address 82 BOYD AVENUE			City EAST PROVIDENCE	State RI	Zip 02914	
62 BOTD AVENUE						
		DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF APP			
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACH!		DRESSES) OF THE				
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI Manager Name		ORESSES) OF THE	LIMITED LIABILITY COMPANY, IF APP			
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI Manager Name		DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF APP			
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI Manager Name Street Address	MENT) 🗌		LIMITED LIABILITY COMPANY, IF APP Manager Name Street Address	LICABLE - DO	NOT LIST MEMBE	
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI Manager Name Street Address		DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF APP Manager Name			
7. LIST ALL MANAGERS (("X" BOX FOR ATTACH! Manager Name Street Address City	MENT) 🗌		Manager Name Street Address City	LICABLE - DO	NOT LIST MEMBE	
7. LIST ALL MANAGERS (("X" BOX FOR ATTACH! Manager Name Street Address City	MENT) 🗌		LIMITED LIABILITY COMPANY, IF APP Manager Name Street Address	LICABLE - DO	NOT LIST MEMBE	
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File Date	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.			
Check No	(0) 23/14			
Зу:	Signature of Authorized Person Date			
FOR SECRETARY OF STATE USE ONLY	NICHOLAS TITONE			
OR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012