



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. 898550		2. Exact name of the limited liability company PMG Pennsylvania LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Engage in manufacture and sale of fabricated powder metal parts			
5. Principal office address c/o CSC 222 Jefferson Blvd, Suite 200		City Warwick	State RI	Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Frede Roos			Contact Title President		
Street Address 187 Enterprise Dr		City Phillipsburg	State PA	Zip 16866	
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 Frede Roos			Manager Name		
Street Address 187 Enterprise Dr			Street Address		
City Phillipsburg	State PA	Zip 16866	City	State	Zip
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

APR 23 2015

BY

[Handwritten Signature]

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.

[Handwritten Signature]

4/26/15

Signature of Authorized Person

Date

Frede Roos, President
 Print or Type Name of Authorized Person

File Date _____
 Check No _____
 By _____
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