

## 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 \_

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 com	pany			
794538 Conventus Polymers LLC						
3. State of Formation	4. Brief description	n of the character of bu	isiness conducted in Rhode Island	d		
RI						
5. Principal office address	(157	-	City Bristol	State 2	Zip 02809	
6. MAILING ADDRESS OF LIMIT	ED LIABILITY CO	MPANY AND NAME C	OR TITLE OF CONTACT PERSON	N: 6.4		
Alexander Fung			Contact Title President			
Po Box (I	57	1943 Nov. 3 - A 1044 Apr. 1	Bustol	State 2	Zip 02409	
7. LIST ALL MANAGERS (NAME ("X" BOX FOR ATTACHMENT	S AND ADDRES:	SES) OF THE LIMITED	LIABILITY COMPANY, IF APPL	ICABLE - <u>DO NO</u> T	LIST MEMBERS	
Manager Name Alexander Fung			Manager Name  John Jorgensen III  Street Address			
Street Address  Po Box 1157  City  State P-F 02609			PO ROY HYT			
	State P.I	O2fog	City Burbl, F	State 2.7	Zip 02 f 09	
Manager Name			Manager Name	<u> </u>		
Street Address	<u>,                                     </u>		Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE		The Marie Constitution of the Constitution of				
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.						
		FILED C			201	
N SEC						
BY 6785102 R 295						
2:35 N 50						
File Date Under penalty of perjury, I declare and affirm that I trave examined this report, including any accompanying schedules and statements,						
and that all statements contained herein are true and correct.						
Signature of Atherical Physical Physica						
By the same of the	a de la companya de		Signature of Authorized Person	HE	Date	
FOR SECRETARY OF STATE US	SE ONLY		Print or Type Name of Authoriz	ed Person	3	

Form No. 632 Revised: 01/2012