

State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services

148 W. River Street

Fee: \$50.00

Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. **ID No.** <u>000561532</u>

2. Exact Name of the Limited Liability Company Trico Specialty Films, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Manufacturer of specialty film.

5. Principal Office Address

No. and Street: 310 COMPASS CIRCLE

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 108 GROVE STREET

SUITE 200

City or Town: WORCESTER State: MA Zip: 01605 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	THEODORE COBURN	56 AVICE STREET NARRAGANSETT, RI 02882 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RICHARD J. CAYER 310 COMPASS CIRCLE NORTH KINGSTOWN, RI 02852

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 10 Day of September, 2015 at 12:39:35 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By THEODORE COBURN

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations All Rights Reserved