



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 **2015**

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. 504695		2. Exact name of the limited liability company Chemglass Life Sciences LLC			
3. State of Formation NJ		4. Brief description of the character of business conducted in Rhode Island Chromotography Vials, bioscience, chemistry products			
5. Principal office address 3800 North Mill Road		City Vineland	State NJ	Zip 08360	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Sue Toulson		Contact Title Controller			
Street Address same		City	State	Zip	
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 Regina Surdam		Manager Name Steve Ware			
Street Address 3800 North Mill Road		Street Address 3800 North Mill Road			
City Vineland	State NJ	Zip 08360	City Vineland	State NJ	Zip 08360
Manager Name David W. Surdam		Manager Name Philip Surdam			
Street Address 3800 North Mill Road		Street Address 3800 North Mill Road			
City Vineland	State NJ	Zip 08360	City Vineland	State NJ	Zip 08360
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

SEP 14 2015

BY **303470**

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.

Susan Toulson
Signature of Authorized Person

09/09/2015

Date

Susan Toulson, Controller

Print or Type Name of Authorized Person