

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPE	D OR PRINTED IN BLA	CK)						
1. ID No.	2. Exact name of the limited liabilty company							
74400	ATP Manufacturing, LLC							
3. State of Formation	1 -	-	business which is actually conducted in Rh	ode Island				
RHODE ISLAND POLYURETHANE MOLDING.								
5. Principal office address 761 GREAT ROAL			City NORTH SMITHFIELD	State RI	<i>Zip</i> 02896			
Contact Name DAVID M HUNTER		<u>LANDIL JOON ALONGIPA,</u>	Contact Title	i Karastii Kyy Tiithii filia	REGIN .			
Street Address			City	State	Zip			
761 GREAT ROAD			.NORTH SMITHFIELD	RI	Zip 02896			
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Manager Name			• Manager Name	• Manager Name				
NEWGRANGE NA,	LLC MGR		•					
Street Address			• Street Address	• Street Address				
767 Great Road			•					
City	State	Zip	City	State	Zip			
North Smithfie	ld RI	02896			 l .			
Manager Name			•Manager Name					
Street Address			*Street Address					
City	State	Zip	City	State	Zip			
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Agent Name			Address					
KAS R. DECARVALHO, ESQ.			42 WEYBOSSET STRE	42 WEYBOSSET STREET, 5TH FLOOR				
Address			City	City Zip				
			PROVIDENCE	02903-				

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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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.

Date

David M. Hunter

Print or Type Name of Authorized Person