

## 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. 148555	2. Exact name of the limited liability company NUMACO HOLDINGS, LLC				
3. State of Formation			usiness conducted in Rhode Islan		- <del> </del>
RHODE ISLAND	DESIGN, MA	NUFACTURE AN	D SALE OF PACKAGING	PRODUCTS	5
5. Principal office address 82 BOYD AVENUE			City EAST PROVIDENCE	State RI	Zip <b>02914</b>
6. MAILING ADDRESS OF LIMITI	ED LIABILITY CO	MPANY AND NAME	OR TITLE OF CONTACT PERSO	N:	an Again maskgan
Contact Name NICHOLAS TITONE			Contact Title MANAGER		
Street Address 82 BOYD AVENUE				State RI	Zip <b>02914</b>
7. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDRES	SES) OF THE LIMITE	D LIABILITY COMPANY, IF APP	LICABLE - DO	NOT LIST MEMBER
Manager Name			Manager Name		
reet Address			Street Address		
City	State	Zip	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 r	ecord in the Offi	ce of the Secretary o	f State. Changes require filing I	Form 642.	
		<b>FILED</b> CT 2 6 2015			
	ВУ	13293		1	
			Under penalty of perjury, I	deckare an <del>d a</del> ff	irm that I have examina
File Date			this report, including any a	e companying	schedules and stateme
	<del></del>		Under penalty of perjury, I this report, including any a and that all statements con	tained herein	schedules and stateme are true and correct.
Check No	· · · · · · · · · · · · · · · · · · ·		and that all statements con	tained herein	are true and correct.
A.2. A.4. A.			signature of Authorized Pers	tained herein	schedules and stateme are true and correct.  Date

Form No. 632 Revised: 01/2012