



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
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. 000799745

2. Exact Name of the Limited Liability Company LMK Technologies, LLC

3. State of Formation

State: DE

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

Sales of Liners and Equipment

5. Principal Office Address

No. and Street: C/O CORPORATION TRUST COMPANY
1209 ORANGE STREET

City or Town: WILMINGTON

State: DE Zip: 19801 Country: USA

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

Contact Name: Contact Title:

No. and Street: 1779 CHESSIE LANE

City or Town: OTTAWA

State: IL Zip: 61350 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MICHAEL J REARDON	1915 WINDRIDGE DR. LAKE FOREST, IL 60045 USA
MANAGER	EMMETT MOSLEY	875 N. MICHIGAN AVE. STE 4020 CHICAGO, IL 60611 USA
MANAGER	JAMES A. GORDON	900 N. MICHIGAN AVENUE, SUITE 1800 CHICAGO, IL 60611 USA
MANAGER	GORDON L NELSON JR	27 MAIN ST 2ND FL CONCORD, MA 01742 USA

MANAGER	BRIAN L PEISER	900 N MICHIGAN AVE STE 1800 CHICAGO, IL 60011 USA
MANAGER	DAVID W ZALAZNICK	767 FIFTH AVE 48TH FL NEW YORK, NY 10153 USA
MANAGER	DAVID M TOLMIE	900 N. MICHIGAN AVE STE 1800 CHICAGO, IL 60611 USA
MANAGER	LARRY W KIEST JR	1779 CHESSIE LN OTTAWA, IL 61350 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 6 Day of April, 2016 at 9:33:03 AM 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 RAYMOND SWAPA
Signature of Authorized Person

Form No. 632
Revised 09/07

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