RI SOS Filing Number: 201608416150 Date: 09/06/2016 12:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

2016 SEP -6 A11:55

1. Entity ID Number	2. Exact name of the Corporation			
000798602	KAO LOGISTICS, INC.			
3. Principal Office Address		City	State	Zip
500 W. Madison St., Ste. 2800		Chicago	IL	60661
4. Business Phone Number		5. State of Incorporation		
3126219450		Pennsylvania		

6. Brief description of the character of business conducted in Rhode Island
Recycled Auto and Truck Parts

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Robert Wagman	Walter Hanley
Street Address: 500 W. Madison St., Ste. 2800	Street Address: 500 W. Madison St., Ste. 2800
City: Chicago State: IL Zip: 60661	City: Chicago State: IL Zip: 60661
Secretary Name: Matthew McKay	Treasurer Name: Michael Clark
Street Address: 500 W. Madison St., Ste. 2800	Street Address: 500 W. Madison St., Ste. 2800
City: Chicago State: IL Zip: 60661	City: Chicago State: IL Zip: 60661

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Robert Wagman	Dominick Zarcone
Street Address: 500 W. Madison St., Ste. 2800	Street Address: 500 W. Madison St., Ste. 2800
City: Chicago State: IL Zip: 60661	City: Chicago State: IL Zip: 60661

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	0.01

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative: Matthew McKay
Date: June 8, 2016
Signature of Authorized Representative: Matt McKay

FILED
SEP 06 2016
By 2828861
A.A. 12:00 P.M.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 05/2016

141551-2-1130813