



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

2016 SEP - 6 AM 11:59
 RECEIVED
 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

Annual Report for the year: 2015
Corporation

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

| | | | |
|--|--------------------|---|--------------------|
| 1. Entity ID Number 000798602 | | 2. Exact name of the Corporation KAO LOGISTICS, INC. | |
| 3. Principal Office Address 500 W. Madison St., Str. 2800 | | City Chicago | State IL |
| | | Zip 60661 | |
| 4. Business Phone Number 3126211950 | | 5. State of Incorporation Pennsylvania | |
| 6. Brief description of the character of business conducted in Rhode Island Recycle & Auto and Truck Parts | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Robert Wagman | | Vice-President Name Walter Hanky | |
| Street Address 500 W. Madison St., Str. 2800 | | Street Address 500 W. Madison St., Str. 2800 | |
| City Chicago | State IL | City Chicago | State IL |
| Zip 60661 | | Zip 60661 | |
| Secretary Name Matthew McKay | | Treasurer Name Michael Clark | |
| Street Address 500 W. Madison St., Str. 2800 | | Street Address 500 W. Madison St., Str. 2800 | |
| City Chicago | State IL | City Chicago | State IL |
| Zip 60661 | | Zip 60661 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Robert Wagman | | Director Name Dominick Zarcone | |
| Street Address 500 W. Madison St., Str. 2800 | | Street Address 500 W. Madison St., Str. 2800 | |
| City Chicago | State IL | City Chicago | State IL |
| Zip 60661 | | Zip 60661 | |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | CLASS/SERIES |
| | | PAR VALUE | |
| | | 100 | Common |
| | | | 10:01 |
| 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 <i>Matthew McKay</i> | | | |

FILED

SEP 06 2016

By 2828701

A.A. 11:59 AM.

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