



**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:** 2016

**1. ID No.** 000306514

**2. Exact Name of the Limited Liability Company** WALCOM USA, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

42

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

WALCOM USA LLC IS THE NEW AMERICAN SUBSIDIARY OF WALMEC S.P.A, AN ITALIAN MANUFACTURING COMPANY THAT HAS BEEN SUPPLYING INDUSTRIAL SPRAY EQUIPMENT AND COMPRESSED AIR TOOLS SINCE 1945. AT PRESENT, WALCOM USA DISTRIBUTES THIS EQUIPMENT TO CUSTOMERS IN USA AND CANADA.

**5. Principal Office Address**

No. and Street: 1 VICTORIA MOUNT

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

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

Contact Name: Contact Title:

No. and Street: 1 VICTORIA MOUNT

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	LORENZO ZANETTI	VIA FERRERA, 27 31015 CONEGLIANO, TV ITA
MANAGER	ROMAN SKORIK	207 BROADWAY ST. NEWPORT, RI 02840 USA

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

GIUSEPPE SCAGLIARINI, ESQ. 37 HARRISON AVENUE NEWPORT , RI 02840

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

**Signed this 21 Day of September, 2016 at 12:12:24 PM 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 ROMAN A SKORIK  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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