RI SOS Filing Number: 201609397070 Date: 09/26/2016 12:19 PM

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. 000793066

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

3. State of Formation

State: DE

ARTICLE III

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

NAICS Code 6 81

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

DISTRIBUTION OF INDUSTRIAL AND MEDICAL GASES; AND WELDING AND SAFETY HARDGOODS.

5. Principal Office Address

No. and Street: 259 NORTH RADNOR-CHESTER ROAD
SUITE 100
City or Town: RADNOR State: PA Zip: 19087-5283 Country: USA

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

Contact Name: Contact Title:
No. and Street: 259 N. RADNOR-CHESTER ROAD
SUITE 100
City or Town: RADNOR State: PA Zip: 19087 Country: USA

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

0-2052-0

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

MANAGER	THOMAS M. SMYTH	AIRGAS, INC., 259 N. RADNOR-CHESTER ROAD, SUITE 100 RADNOR, PA 19087 USA
MANAGER	ANDREW R. CICHOCKI	259 NORTH RADNOR-CHESTER ROAD SUITE 100 RADNOR, PA 19087 USA
MANAGER	PASCAL VINET	259 NORTH RADNOR-CHESTER ROAD SUITE 100 RADNOR, PA 19087 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 26 Day of September, 2016 at 12:21:11 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 KELLY LETTMANN
Signature of Authorized Person

Form No. 632
Revised 09/07