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. 000797869

2. Exact Name of the Limited Liability Company Sullair, LLC

3. State of Formation

State: IN

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

MANUFACTURE OF PORTABLE AND STATIONARY ROTARY SCREW AIR AND GAS COMPRESSORS,
VACUUM PUMPS, AIR DRYERS, AND ACCESSORIES FOR THE CONSTRUCTION MANUFACTURING
INDUSTRIES.

5. Principal Office Address

No. and Street: 3700 EAST MICHIGAN BOULEVARD
City or Town: MICHIGAN CITY State: IN Zip: 46360 Country: USA

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

Contact Name: Contact Title:
No. and Street: 3700 EAST MICHIGAN BOULEVARD
City or Town: MICHIGAN CITY State: IN Zip: 46360 Country: USA

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

Title	Individual Name	Address

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	DAVID ALAN BARTA	2728 N. HARWOOD,SUITE 200 DALLAS, TX 75201 USA
MANAGER	CHARLES ALAN GILSTRAP	2728 N. HARWOOD STREET,SUITE 200 DALLAS, TX 75201 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 30 Day of September, 2016 at 1:45:37 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