	State of Rhode Island and Office of the Secu		NS Fee: \$50.0
	Division Of Busi	ness Services	
	148 W. Rive		
	Providence RI ((401) 222		
HOPE	(401) 222	-3040	
imited Liability Co	mpany		
Annual Report -iling Period: September	1 - November 1		
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	.L. 7-16-66(d), each limited liability c thin thirty (30) days after the time pl		
16-66(b&c)) is subject to			
ANNUAL REPORT YEA	R : <u>2016</u>		
1. ID No. <u>0001337</u>	02		
2. Exact Name of the	Limited Liability Company <u>SCH</u>	<u>OLASTIC TOOLS, LLC</u>	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE	II	
Using the following NAI	ARTICLE CS codes, please select the code th		ness.
Using the following NAI		at best describes your busi	
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CRAIG A. BLANCHARD 101 AMBASSADOR AVENUE WARWICK , RI 02889

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

Signed this 5 Day of October, 2016 at 8:08:30 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 <u>CRAIG A. BLANCHARD</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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