	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
imited Liability Co	ompany	
nnual Report iling Period: September	or 1 - November 1	
	G.L. 7-16-66(d), each limited liability company failing or refusing vithin thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
	o a penalty fee of \$25.00.	
ANNUAL REPORT YEA	AR: <u>2016</u>	
1. ID No. <u>000362</u>	189	
2. Exact Name of the	Limited Liability Company <u>NuCO2 LLC</u>	
3. State of Formation	1	
State: <u>DE</u>		
State: <u>DE</u>		
State: <u>DE</u>	ARTICLE III	
	ARTICLE III ICS codes, please select the code that best describes your business.	
Using the following NAI	ICS codes, please select the code that best describes your business.	22000
	ICS codes, please select the code that best describes your business.	2 <u>3990</u>
Using the following NAI	ICS codes, please select the code that best describes your business.	
Using the following NAI	ICS codes, please select the code that best describes your business. $\underline{6}$	
Using the following NAI NAICS Code 4. Brief Description of	ICS codes, please select the code that best describes your business.	
Using the following NAI NAICS Code 4. Brief Description of OWN CUSTOMER (ICS codes, please select the code that best describes your business. 6 42 f the Character of the Business Which is Actually Conducted in R CONTRACTS	
Using the following NAI NAICS Code 4. Brief Description of OWN CUSTOMER (5. Principal Office Add	ICS codes, please select the code that best describes your business. <u>42</u> f the Character of the Business Which is Actually Conducted in R CONTRACTS dress	
Using the following NAI NAICS Code 4. Brief Description of OWN CUSTOMER (5. Principal Office Add No. and Street: <u>28</u>	ICS codes, please select the code that best describes your business.	Rhode Island
Using the following NAI NAICS Code 4. Brief Description of OWN CUSTOMER (5. Principal Office Add No. and Street: 28 City or Town: <u>ST</u>	ICS codes, please select the code that best describes your business. 6 42 f the Character of the Business Which is Actually Conducted in R CONTRACTS dress 800 SE MARKET PLACE TUART State: FL Zip: 34997 Co	Rhode Island
Using the following NAI NAICS Code 4. Brief Description of OWN CUSTOMER (5. Principal Office Add No. and Street: 28 City or Town: <u>ST</u>	ICS codes, please select the code that best describes your business.	Rhode Island
Using the following NAI NAICS Code 4. Brief Description of OWN CUSTOMER (5. Principal Office Add No. and Street: 28 City or Town: ST 6. Mailing Address of Contact Name: Conta	ICS codes, please select the code that best describes your business.	Rhode Island
Using the following NAI NAICS Code 4. Brief Description of OWN CUSTOMER (5. Principal Office Add No. and Street: 28 City or Town: ST 6. Mailing Address of Contact Name: Conta No. and Street: 28()	ICS codes, please select the code that best describes your business.	Rhode Island
Using the following NAI NAICS Code 4. Brief Description of OWN CUSTOMER (5. Principal Office Add No. and Street: 28 City or Town: ST 6. Mailing Address of Contact Name: Conta No. and Street: 28(Contact Name: Conta	ICS codes, please select the code that best describes your business.	Rhode Island
Using the following NAI NAICS Code 4. Brief Description of OWN CUSTOMER (5. Principal Office Add No. and Street: 28 City or Town: <u>ST</u> 6. Mailing Address of Contact Name: Conta No. and Street: 280 City or Town: <u>ST</u>	ICS codes, please select the code that best describes your business. <u>42</u> f the Character of the Business Which is Actually Conducted in R <u>CONTRACTS</u> dress <u>300 SE MARKET PLACE</u> <u>TUART</u> State: <u>FL</u> Zip: <u>34997</u> Co <u>5 Limited Liability Company and Name or Title of Contact Person</u> <u>act Title:</u> <u>50 SE MARKET PLACE</u> <u>UART</u> State: <u>FL</u> Zip: <u>34997</u> Co <u>5 of Each Manager of the Limited Liability Company, if Applicable</u>	Rhode Island
Using the following NAI NAICS Code 4. Brief Description of OWN CUSTOMER (5. Principal Office Add No. and Street: 28 City or Town: ST 6. Mailing Address of Contact Name: Conta No. and Street: 280 City or Town: STL 7. Name and Address	ICS codes, please select the code that best describes your business. <u>42</u> f the Character of the Business Which is Actually Conducted in R <u>CONTRACTS</u> dress <u>300 SE MARKET PLACE</u> <u>TUART</u> State: <u>FL</u> Zip: <u>34997</u> Co <u>5 Limited Liability Company and Name or Title of Contact Person</u> <u>act Title:</u> <u>50 SE MARKET PLACE</u> <u>UART</u> State: <u>FL</u> Zip: <u>34997</u> Co <u>5 of Each Manager of the Limited Liability Company, if Applicable</u>	Rhode Island

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 11 Day of October, 2016 at 4:00:36 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>GERALD MILLER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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