St	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-30		
Limited Liability Com	bany		
Annual Report Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>000528119</u>			
2. Exact Name of the Lin	nited Liability Company <u>Trinseo</u>	LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
Using the following NAICS	codes, please select the code that b	est describes your business.	
NAICS Code		6 32521	1
4. Brief Description of the	Character of the Business Which	is Actually Conducted in Rho	de Island
MANUFACTURING			
5. Principal Office Addres	ŝS		
No. and Street: 1000 CHESTERBROOK BOULEVARD SUITE 300			
City or Town: <u>BERWY</u>		State: <u>PA</u> Zip: <u>19312</u> Cou	untry: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact T No. and Street: <u>1000 CH</u> SUITE 30	ESTERBROOK BOULEVARE	<u>)</u>	
City or Town: <u>BERWYN</u>		State: <u>PA</u> Zip: <u>19312</u> Cou	untry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Liak S	oility Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Co	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER 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 14 Day of October, 2016 at 4:44:40 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 SUZANNE KERSTEN

Signature of Authorized Person

Form No. 632 Revised 09/07

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