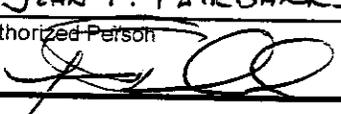


State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

Annual Report for the year: 2015
 Limited Liability Company

1010.65380

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

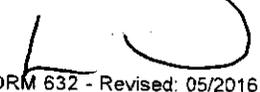
1. Entity ID Number 396094		2. Exact name of the Limited Liability Company ASPEN AEROGELS RHODE ISLAND LLC	
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island RESEARCH/DEVELOPMENT	
5. Principal Office Address 3 DEXTER ROAD		City EAST PROVIDENCE	State RI
		Zip 02914	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name JOHN FAIRBANKS		Contact Title CFO	
Street Address 3 DEXTER ROAD		City EAST PROVIDENCE	State RI
		Zip 02914	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Check the box to indicate an attachment <input type="checkbox"/>			
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.			
<i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person JOHN F. FAIRBANKS		Date 9/13/16	
Signature of Authorized Person 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

OCT 14 2016

By 225094



FORM 632 - Revised: 05/2016

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 9/29

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