State of Rhode Island a Department of S			s Division	_	
Annual Report for the y	ear. 2016				
Limited Liability Compa	nv				
→ Filing period: September	-	er 1			
→ Filing Fee: \$50.00					
→ Penalty: Additional \$25.00	fee if form is	s not filed by Decen	nber 1.	_	
1. Entity ID Number	2 Evact na	me of the Limited Lia	hility Company		
858844	2. Exact name of the Limited Liability Company FLOODSAX NEW ENGLAND, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island SALES OF SANDLESS SANDBAGS				
44-45 - Retail Trade ▼	OALLO OI	OANDELOG GANDE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
100 WINNISQUAM DRIVE			WARWICK	RI	02886
7. Mailing Address of Limited Lia	bility Compar	ny and Name or Title	of Contact Person	<u> </u>	. '
Contact Name BRIAN S. FLAHERTY			Contact Title MEMBER		
Street Address 100 WINNISQUAM DRIVE			City WARWICK	State RI	^{Zip} 02886
8. List ALL managers (names ar	d addresses)	of the Limited Liabil	ity Company, IF APPLICABLE	- DO NOT LIST N	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 in	ndicate an attachment
9. Resident Agent in Rhode Islan	d. This informa	ation is currently of reco	ord with the Department of State. (Changes require filin	g Form 642.
Under penalty of perjury, I deci statements, and that all statem				ny accompanying	g schedules and
Name of Authorized Person				Date /	1
BRIAN S. FLAHERTY				10/2	5/16

MAIL TO:

Division of Business Services

Signature of Authorized Person

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



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SIGN DOCUMENT HERE

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