



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2016

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

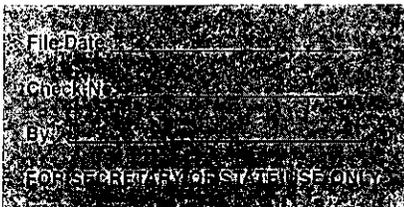
1. Entity ID No. 000795260		2. Exact name of the limited liability company Franklin Paint Company LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The company develops, manufactures, markets and sells traffic paint.			
5. Principal office address 400 Putnam Pike, Suite J #216		City Smithfield	State RI	Zip 02917-2461	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Lawrence H. Boisc		Contact Title Managing Director			
Street Address 400 Putnam Pike, Suite J #216		City Smithfield	State RI	Zip 02917-2461	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT USE MEMBERS BOX FOR ATTACHMENTS					
Manager Name Lawrence H. Boisc		Manager Name Stephen S. Schultz			
Street Address 400 Putnam Pike, Suite J #216		Street Address 400 Putnam Pike, Suite J #216			
City Smithfield	State RI	Zip 02917-2461	City Smithfield	State RI	Zip 02917-2461
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED** ✓

DEC 09 2016

BY ca 290495  
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2016 DEC 09 PM 2:00  
 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.



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.

Lawrence H. Boisc 8-19-16  
 Signature of Authorized Person Date

Lawrence H. Boisc  
 Print or Type Name of Authorized Person

Form No. 632  
 Revised: 01/2012