State of Rhode Island and Providence Plantations Department of State - Business Services Division							R.1
Annual Report for the ye Corporation	ear: <u>20</u>	/7	_			7 VW	R.I. DEP
 → Filing period: January 1 - M → Filing Fee: \$50.00 → Penalty: Additional \$25.00 f 		filed by April 1.				A	S D
1. Entity ID Number		of the Corporation	···			<u> </u>	
000150259	Hexagon Holdings, Inc.						
3. Principal Office Address			City		State	T	Zip
250 Circuit Drive			North King	stown	RI		02852
4. NAICS Code	6. Brief descrip	tion of the characte	er of business o	conducted in Rhode Isl	and and	<u></u>	
55 - Management of Companie:	Holding Company						
State of Incorporation Delaware							
7. List ALL officers (names and add	dresses)			Check th	ne box to i	ndicate ar	n attachment 🔽
President Name Norbert Hanke	Vice-President Name Mark Delaney						
Street Address Cedar House, 78 Pc	Street Address 250 Circuit Drive						
City Cobham, Surrey	State GB	Zip KT11 1AN	City North K	State RI Zip 02852			
Secretary Name Collin A Webb			Treasurer Name none				
Street Address 5051 Peachtree Cor	Street Address none						
City Norcross	State GA	^{Zip} 30092	City none		State no	one Zip none	
8. List ALL directors (names and addresses)			<u> </u>	Check th	ie box to i		attachment
Director Name Ola Rollen	Director Name Robert Belkic						
Street Address Cedar House, 78 Po	Street Address Lilla Bantorget 15, 7TR Box 3692						
City Cobham, Surrey	State GB	Zip KT 11 1AN	City Stockholm		State SWE Zip SE-103 59		
Director Name Norbert Hanke			Director Name Angus Taylor				
Street Address Cedar House, 78 Po	Street Address 250 Circuit Drive						
City Cobham, Surrey	State GB	Zip KT11 1AN	City North K	ingstown	State RI	Ž	^{Zip} 02852
Shares Authorized This information is currently of record in the Department of State.			10. Shares Issued		Check the box to in		
		NUMBER OF SHARES 100		CLASS/SERIES Common		PAR VALUE	
Changes require an additional filing.		375		Class A Preferred		\$0.01	
11. This report must be executed on behalf of the corporation by an aut						of a receiver or	
trustee, this report must be execute	d on behalf of the	e corporation by the	e receiver or tr	ustee.			
Under penalty of perjury, I declar statements, and that all statemen	its contained he			iciuding any accomp	anying s	cneaules	ano
Name of Authorized Representative	,				Date)	1 _ 0	
Mark Delaney				:n	_ <i>::2/</i> _	15/1)
Signature of Authorized Representa	itive		FILE		•		
	<u>/</u>		MAR 2 1	2017			
MAIL TO:			1.11.11.	\sim c			

FORM 630 - Revised: 02/2017

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

Hexagon Holdings, Inc.

Entity ID Number 000150259 Officer Attachment

OFFICERS TITLE ADDRESSES

Mark Delaney Chief Financial Officer 250 Circuit Drive

North Kingstown, RI 02852