|   | State of Rhode Island and Prov<br>Office of the Secretar |  | Fee: \$50.00      |
|---|--|--|-------------------|
| Division Of Business Services   |  |  |                   |
| 148 W. River Street   |  |  |                   |
| Providence RI 02904-2615  |  |  |                   |
| HOPE  | (401) 222-304  | )                                      |                   |
| Limited Liability Company   |  |  |                   |
| Annual Report   |  |  |                   |
| Filing Period: September 1 - November 1   |  |  |                   |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its      |  |  |                   |
| annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is           |  |  |                   |
| subject to a penalty fee of \$25.00.  |  |  |                   |
| ANNUAL REPORT YEAR: 2016  |  |  |                   |
| 1. ID No. <u>001662882</u>  |  |  |                   |
| 2. Exact Name of the Limited Liability Company <u>CNA HOLDINGS LLC</u>                                      |  |  |                   |
| 3. State of Formation   |  |  |                   |
| State: <u>DE</u>  |  |  |                   |
|   |  |  |                   |
| ARTICLE III   |  |  |                   |
| Using the following NAICS codes, please select the code that best describes your business.                  |  |  |                   |
| NAICS Code 6 551112   |  |  |                   |
| NAICS Code <u>6</u> <u>551112</u>   |  |  |                   |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island           |  |  |                   |
|   |  |  |                   |
| HOLDINGS COMPANY ONLY   |  |  |                   |
|   |  |  |                   |
| 5. Principal Office Address   | 5  |  |                   |
| No. and Street: 222 W. LAS COLINAS BOULEVARD, SUITE 900N  |  |  |                   |
| City or Town: <u>IRVING</u>   |  | State: <u>TX</u> Zip: <u>75039</u> Co  | untry: <u>USA</u> |
| 6. Mailing Address of Limi  | ted Liability Company and Name or T                      | itle of Contact Person:                |                   |
| Contact Name: <u>KATHLEEN TALLEY</u> Contact Title:   |  |  |                   |
| No. and Street: 222 W. LAS COLINAS BOULEVARD, SUITE 900N  |  |  |                   |
| City or Town: <u>IRVING</u>   |  | State: <u>TX</u> Zip: <u>75039</u> Co  | untry: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS |  |  |                   |
| Title   | Individual Name  | Address                                |                   |
|   | First, Middle, Last, Suffix                              | Address, City or Town, State, Zip Code | , Country         |
|   |  |  |                   |
| 8. RESIDENT AGENT IN RH   | IODE ISLAND - DO NOT ALTER                               |  |                   |
| Changes Require Filing of Form 642 - R.I.G.L. 7-16-11   |  |  |                   |

## CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 19 Day of April, 2017 at 4:06:06 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 JAMES R PEACOCK III Signature of Authorized Person

Form No. 632 Revised 09/07

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