



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

2017 JUN -8 PM 2:25

Annual Report for the year: 2016
Limited Liability Company

- 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 000506518 | | 2. Exact name of the Limited Liability Company Water Elements, LLC | | | |
| 3. NAICS Code | | 4. Brief description of the character of business conducted in Rhode Island Any lawful purpose. <i>including manufacturing chemicals for water treatment applications.</i> | | | |
| 5. State of Formation Delaware | | | | | |
| 6. Principal Office Address 1000 Parkwood Circle, Suite 500 | | City Atlanta | | State GA | Zip 30339 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Adisty Wilson | | | Contact Title Assistant Secretary | | |
| Street Address 1000 Parkwood Circle, Suite 500 | | City Atlanta | | State GA | Zip 30339 |
| 8. 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"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| 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. | | | | | |
| Name of Authorized Person Adisty Wilson | | | | Date 06-07-17 | |
| Signature of Authorized Person <i>Adisty Wilson</i> | | | | SIGN DOCUMENT HERE | |

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

JUN 08 2017

FORM 632 - Revised: 08/2016

BY *CU* 305598