



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**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:** 2017

**1. ID No.** 001662511

**2. Exact Name of the Limited Liability Company** Gillette Holding Company LLC

**3. State of Formation**

State: DE

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  551112

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

HOLDING COMPANY

**5. Principal Office Address**

No. and Street: C/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET

City or Town: WILMINGTON State: DE Zip: 19801 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: P.O. BOX 599  
TAX DIVISION

City or Town: CINCINNATI State: OH Zip: 45201 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	STEWART ATKINSON	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	MARK BIEGGER	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	J DOUGLAS GERSTLE	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	SANDRA T LANE	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	SUSAN S FELDER	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	TARA M ROSNELL	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	PHILIP LONG	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	DEBORAH A MOORE	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	KIMBERLY S HANLON	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	JOANNE HARRIS	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	STEVEN W MILLER	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	KATHLEEN B FISH	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	THE GILLETTE COMPANY	P.O. BOX 599, TAX DIVISION CINCINNATI, OH 45201 USA
MANAGER	CAROLYN TASTAD	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	JON R MOELLER	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	VALARIE L SHEPPARD	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	MARC S PRITCHARD	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	JUILO NEMETH	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	KEN PATEL	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA
MANAGER	TAPAN BUCH	ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**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 June, 2017 at 10:03:44 AM 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 SANDRA L SMITH  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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