Si Si	tate of Rhode Island and Pro Office of the Secreta	
	Division Of Business	s Services
148 W. River Street		
Providence RI 02904-2615		
HOPE	(401) 222-304	40
Limited Liability Com	pany	
Annual Report		
Filing Period: September 1 ·	November 1	
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	2017	
1. ID No. <u>001660247</u>	-	
2. Exact Name of the Lir	mited Liability Company Syngents	a Seeds, LLC
3. State of Formation		
State: <u>DE</u>		
	ARTICLE III	
based on the chosen selec assistance with selecting a	tion. If the NAICS Code is known, en	f the dropdown will populate a NAICS Code nter it into the box on the right. For further
NAICS Code		<u>6</u> <u>42</u>
	e Character of the Business Which PMENT AND MANUFACTURE	h is Actually Conducted in Rhode Island
5. Principal Office Addres	55	
No. and Street: 1209	ORANGE STREET	
		e: <u>DE</u> Zip: <u>19801</u> Country: <u>USA</u>
	State	
6. Mailing Address of Lin	nited Liability Company and Name	e or Title of Contact Person:
	ESWANGER Contact Title:	
	VAYZATA BOULEVARD	
City or Town: <u>MINNE</u>	<u>TONKA</u> Si	itate: <u>MN</u> Zip: <u>55305</u> Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Liab RS	bility Company, if Applicable.
Title	Individual Name	Address
i ilie	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> 02914

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

Signed this 21 Day of June, 2017 at 4:05:34 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 <u>TONYA CICCONI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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