



**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. 000074067

2. Exact Name of the Limited Liability Company COMPOSITES ONE LLC.

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

424610

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

SALE AND DISTRIBUTION OF COMPOSITE MATERIALS & REINFORCED PLASTIC MATERIALS.

5. Principal Office Address

No. and Street: 85 W. ALGONQUIN ROAD, SUITE 600

City or Town: ARLINGTON HEIGHTS

State: IL Zip: 60005 Country: USA

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

Contact Name: Contact Title:

No. and Street: 85 W. ALGONQUIN ROAD, SUITE 600

City or Town: ARLINGTON HEIGHTS

State: IL Zip: 60005 Country: USA

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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	STEVEN L DEHMLow	P.O. BOX 3208 ARLINGTON HEIGHTS, IL 60005- USA

MANAGER	NANCY DEHMLOW	P O BOX 3208 ARLINGTON HEIGHTS, IL 60005 USA
MANAGER	DAVID P SMITH JR	P O BOX 3208 ARLINGTON HEIGHTS, IL 60006 USA

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

NANCY DEHMLOW MINTURN FARM ROAD BRISTOL , RI 02809

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

Signed this 15 Day of September, 2017 at 5:06:19 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 NANCY DEHMLOW
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations
All Rights Reserved