	State of Rhode Island and Office of the Se			Fee: \$50.00
	Division Of Bus 148 W. Ri Providence RI	ver Street 02904-2615		
HOPE	(401) 22	2-3040		
Limited Liability Com Annual Report Filing Period: September 1				
	. 7-16-66(d), each limited liability in thirty (30) days after the time penalty fee of \$25.00.			
ANNUAL REPORT YEAR	: <u>2017</u>			
1. ID No. <u>00166262</u>	7			
2. Exact Name of the Li	imited Liability Company $\overline{ ext{VE}}$	LUX America	LLC	
3. State of Formation				
State: <u>MA</u>				
	ARTICLE	. 111		
	Code that best describes the pri re information on <u>NAICS</u> can be t		conducted by the	entity. Download
<u>332321</u>				
4. Brief Description of th	ne Character of the Business N	Which is Actua	Ily Conducted in	Rhode Island
WHOLESALE SKYLIC	<u>GHT SALES</u>			
5. Principal Office Addre	ess			
	ENWOOD	State: <u>SC</u>	Zip: <u>29649</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and	Name or Title	of Contact Perso	n:
	LD BRICKYARD ROAD			
City or Town: <u>GREE</u>	NWOOD	State: <u>SC</u>	Zip: <u>29649</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	f Each Manager of the Limited RS	I Liability Com	pany, if Applical	ble.
Title	Individual Name		Address	
	First, Middle, Last, Suffix	Address	, City or Town, State,	Zip Code, Country
		ED		
O. RESIDENT AGENT IN	RHODE ISLAND - DO NOT ALT			

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> <u>02914</u>

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

Signed this 26 Day of September, 2017 at 6:02:16 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>KELLY LETTMANN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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