



**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. 001053988

2. Exact Name of the Limited Liability Company Vulsub II, LLC

3. State of Formation

State: TX

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.

551112

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

ENGINEERED PRODUCTS

5. Principal Office Address

No. and Street: 10707 CLAY ROAD, SUITE 200

City or Town: HOUSTON

State: TX Zip: 77041 Country: USA

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

Contact Name: Contact Title:

No. and Street: 8100 W. FLORISSANT

P. O. BOX 36911

City or Town: ST. LOUIS

State: MO Zip: 63136 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	RAM KRISHNAN	8100 W. FLORISSANT ST. LOUIS, MO 63136 USA

MANAGER	TERESA A BURNETT	8100 W. FLORISSANT ST. LOUIS, MO 63136 USA
MANAGER	TERRY D BUZBEE	301 SOUTH 1ST AVENUE MARSHALLTOWN, IA 50158 USA
MANAGER	STEVEN A CHELESNIK	8000 NORMAN CENTER DR BLOOMINGTON, MN 55437 USA
MANAGER	GREGORY A HARRE	8100 W. FLORISSANT ST. LOUIS, MO 63136 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 4 Day of October, 2017 at 10:40:00 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 TERESA A BURNETT
Signature of Authorized Person

Form No. 632
Revised 09/07

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