| S S | State of Rhode Island and Pro Office of the Secreta | | Fee: \$50.00 |
|--|---|--------------------------------|--------------------|
| | Division Of Business 148 W. River S Providence RI 0290 (401) 222, 30 | treet 04-2615 | |
| HOPE | (401) 222-30 | 40 | |
| Limited Liability Com Annual Report Filing Period: September 1 | | | |
| | 7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | <u>2017</u> | | |
| 1. ID No. <u>000924134</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>CRYSTAL STAMPING, LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| ARTICLE III | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | |
| | | | |
| 4. Brief Description of th | e Character of the Business Which | is Actually Conducted in | Rhode Island |
| METAL STAMPING, TAPPING, ASSEMBLY, MANUFACTURING | | | |
| 5. Principal Office Addre | ess | | |
| | CHARLTON AVE. WTUCKET State: | <u>RI</u> Zip: <u>02860</u> Co | ountry: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| | CHARLTON AVE. | | |
| City or Town: <u>PAV</u> | VTUCKET State: | <u>RI</u> Zip: <u>02860</u> Co | untry: <u>USA</u> |
| 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 |
| | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER | | | |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PATRICK A. ROGERS, ESQ. HINCKLEY, ALLEN & SNYDER LLP 50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE , RI 02903

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

Signed this 18 Day of October, 2017 at 4:03:06 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>ALAN P LARSON</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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