RI SOS Filing Number: 201868464980 Date: 6/4/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of S	itate - Bus	iness Service	s Division			
annual Report for the y	<b>vear</b> . 2017	,				
imited Liability Comp					SEC CO	
→ Filing period: September	-	er 1			E COR	
→ Filing Fee: \$50.00					JUN JUN	
→ Penalty: Additional \$25.0	0 fee If form is	not filed by Dece	mber 1.		RATIOE	
. Entity ID Number		me of the Limited Li	ability Company	_	<b>3</b> 995	
1660277	Mucell Extrusion LLC				2 000	
3. NAICS Code 531390	4. Brief description of the character of business conducted in Rhode Island  External Sales Office: Sales Person working out of their home. The employee is no longer working for to company					
5. State of Formation	7					
Delaware						
6. Principal Office Address			City	State	Zip	
55 Precision Drive	Precision Drive			KY	41094	
. Mailing Address of Limited Li	ability Compa	ny and Name or Titl				
Contact Name Mark Krautle			Contact Title Financial Controller			
Street Address 55 Precision Drive			City Walton	State KY	<sup>Zip</sup> 41094	
3. List ALL managers (names a	and addresses	) of the Limited Liat	oility Company, IF APPLIC	ABLE - DO NOT LIST I	AEMBERS	
lanager Name			Manager Name			
Street Address - ·			Street Address			
City .	State	Zip · ·	City	State	Zip	
Manager Name			Manager Name -			
Street Address			Street Address -			
City	State	Zip	City	State ·	Zlp	
	1			Check the box to i	ndicate an attachment	
). Resident Agent in Rhode Isla	and. This inform	ation is currently of re	cord with the Department of	State. Changes require filin	g Form 642.	
Inder penalty of perjury, I de statements, and that all state				ding any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Melissa K. Ownbey				31 May	31 May 2018	
Signature of Authorized Person	inho	SIGNEDO	CUMENT HERE			
		1				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov 6v A 33/889