State of Rhode Island and Providence Plantations
**Department of State - Business Services Division**

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2018 SEP 21 PM 12 53

## Annual Report for the year: 2018
## Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company |
|---|---|
| **102876** | **Emmeci USA LLC** |
| 3. NAICS Code: **339999** | 4. Brief description of the character of business conducted in Rhode Island: **Sale of box making equipment.** |
| 5. State of Formation: **Delaware** | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **76 Commercial Way (rear of building)** | **East Providence** | **RI** | **02914** |

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

| Contact Name | Contact Title | | |
|---|---|---|---|
| **Dominick J. Archino** | **Country Manager** | | |
| Street Address: **76 Commercial Way** | City: **East Providence** | State: **RI** | Zip: **02914** |

8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**

| Manager Name | Manager Name |
|---|---|
| **Dominick J. Archino** | **Thorsten Koch** |
| Street Address: **76 Commercial Way** | Street Address: **2701 Crescent Springs Pike** |
| City: **East Providence** State: **RI** Zip: **02914** | City: **Fort Mitchell** State: **KY** Zip: **41017** |
| Manager Name: **Alfredo Fuschillo** | Manager Name: |
| Street Address: **76 Commercial Way** | Street Address: |
| City: **East Providence** State: **RI** Zip: **02914** | City: State: Zip: |

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

***Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.***

| Name of Authorized Person | Date |
|---|---|
| **Dominick J. Archino** | 17-SEPT., 2018 |
| Signature of Authorized Person: SIGN DOCUMENT HERE | |

**MAIL TO:**
**Division of Business Services**
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**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

**FILED**
SEP 21 2018
BY 02131

FORM 632 - Revised: 10/2017