



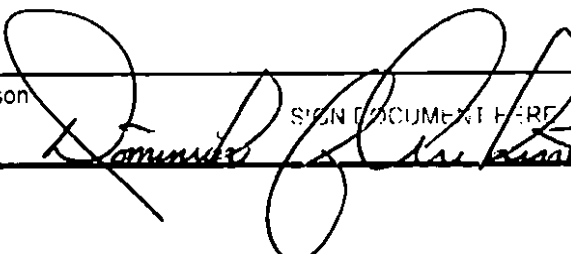
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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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<br><b>102876</b>                                                                                                                                                                        |                    | 2. Exact name of the Limited Liability Company<br><b>Emmeci USA LLC</b>                                             |                                                     |                              |                     |
| 3. NAICS Code<br><b>339999</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Sale of box making equipment.</b> |                                                     |                              |                     |
| 5. State of Formation<br><b>Delaware</b>                                                                                                                                                                    |                    |                                                                                                                     |                                                     |                              |                     |
| 6. Principal Office Address<br><b>76 Commercial Way (rear of building)</b>                                                                                                                                  |                    | City<br><b>East Providence</b>                                                                                      |                                                     | State<br><b>RI</b>           | Zip<br><b>02914</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                                     |                                                     |                              |                     |
| Contact Name<br><b>Dominick J. Archino</b>                                                                                                                                                                  |                    |                                                                                                                     | Contact Title<br><b>Country Manager</b>             |                              |                     |
| Street Address<br><b>76 Commercial Way</b>                                                                                                                                                                  |                    | City<br><b>East Providence</b>                                                                                      |                                                     | State<br><b>RI</b>           | Zip<br><b>02914</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                                     |                                                     |                              |                     |
| Manager Name<br><b>Dominick J. Archino</b>                                                                                                                                                                  |                    |                                                                                                                     | Manager Name<br><b>Thorsten Koch</b>                |                              |                     |
| Street Address<br><b>76 Commercial Way</b>                                                                                                                                                                  |                    |                                                                                                                     | Street Address<br><b>2701 Crescent Springs Pike</b> |                              |                     |
| City<br><b>East Providence</b>                                                                                                                                                                              | State<br><b>RI</b> | Zip<br><b>02914</b>                                                                                                 | City<br><b>Fort Mitchell</b>                        | State<br><b>KY</b>           | Zip<br><b>41017</b> |
| Manager Name<br><b>Alfredo Fuschillo</b>                                                                                                                                                                    |                    |                                                                                                                     | Manager Name                                        |                              |                     |
| Street Address<br><b>76 Commercial Way</b>                                                                                                                                                                  |                    |                                                                                                                     | Street Address                                      |                              |                     |
| City<br><b>East Providence</b>                                                                                                                                                                              | State<br><b>RI</b> | Zip<br><b>02914</b>                                                                                                 | City                                                | State                        | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                    |                                                                                                                     |                                                     |                              |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                    |                                                                                                                     |                                                     |                              |                     |
| <b>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.</b> |                    |                                                                                                                     |                                                     |                              |                     |
| Name of Authorized Person<br><b>Dominick J. Archino</b>                                                                                                                                                     |                    |                                                                                                                     |                                                     | Date<br><b>17-SEPT, 2018</b> |                     |
| Signature of Authorized Person<br>                                                                                       |                    |                                                                                                                     |                                                     | SIGN DOCUMENT HERE           |                     |

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

**SEP 21 2018**

**BY**  **02131**