



**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:** 2018

**1. ID No.** 000941733

**2. Exact Name of the Limited Liability Company** SOLENIS LLC

**3. State of Formation**

State: DE

**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.

325998

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

SALE OF SPECIALTY CHEMICALS

**5. Principal Office Address**

No. and Street: 3 BEAVER VALLEY ROAD  
SUITE 500

City or Town: WILMINGTON

State: DE

Zip: 19803

Country: USA

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

Contact Name: Contact Title:

No. and Street: 3 BEAVER VALLEY ROAD  
SUITE 500

City or Town: WILMINGTON

State: DE

Zip: 19803

Country: USA

**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
MANAGER	JACK WYSZOMIERSKI	3 BEAVER VALLEY ROAD

		WILMINGTON, DE 19803 USA
MANAGER	JOHN PANICHELLA	3 BEAVER VALLEY ROAD, SUITE 500 WILMINGTON, DE 19803 USA
MANAGER	STEPHEN SHAPIRO	3 BEAVER VALLEY ROAD WILMINGTON, DE 19803 USA
MANAGER	DAVID SCHEIBLE	3 BEAVER VALLEY ROAD WILMINGTON, DE 19803 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 20 Day of December, 2018 at 3:22:37 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 RENEE NOACK  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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