



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>1015217</b>		2. Exact name of the limited liability company Spectrum Marking Materials, LLC			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island Manage manufacture of plastic sign and badge materials. No manufacturing performed in RI, no sales in RI. <b>339950</b>			
5. Principal office address 508 Old Town Road Box 1762		City Block Island		State RI	Zip 02807
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David Morrison			Contact Title President, Member		
Street Address 508 Old Town Road Box 1762		City Block Island		State RI	Zip 02807
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager 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	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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CORPORATIONS DIV  
2019 JAN 18 AM 11:24

**FILED**

MAR 15 2019

BY LD356  
A.A. 11:32 AM

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.

Signature of Authorized Person

David Morrison

Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: 2019 MAR 15 AM 11:30  
**FOR SECRETARY OF STATE USE ONLY**  
 Form No. 632  
 Revised: 01/2012

8/19/18  
Date