



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

2005

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121830		2. Exact name of the limited liability company MANN CHEMICAL, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANUFACTURING, BUYING, SELLING AND DEALING IN CHEMICALS.			
5. Principal office address 3134 Post Road			City Warwick	State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Billings Mann, III			Contact Title Manager		
Street Address 3134 Post Road			City Warwick	State RI	Zip 02886
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Billings Mann, III			Manager Name John V. Thompson		
Street Address 3134 Post Road			Street Address 65 Walnut Street		
City Warwick	State RI	Zip 02886	City Peabody	State MA	Zip 01960
Manager Name Thomas V. Thompson			Manager Name		
Street Address 65 Walnut Street			Street Address		
City Peabody	State MA	Zip 01960	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ANDREW G. SHOLES, ESQ.			Address		
Address 1375 WARWICK AVENUE			City WARWICK	Zip 02888-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\*121830\*

File Date	10/3/05
Check No.	104891
By:	
FOR SECRETARY OF STATE USE ONLY	

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 Date  
John Thompson  
Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No 121830		2 Exact name of the limited liability company MANN CHEMICAL, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island MANUFACTURING, BUYING, SELLING AND DEALING IN CHEMICALS.			
5 Principal office address 3134 Post Road		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Billings Mann, III			Contact Title Manager		
Street Address 3134 Post Road		City Warwick	State RI	Zip 02886	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Billings Mann, III			Manager Name John V. Thompson		
Street Address 3134 Post Road			Street Address 65 Walnut Street		
City Warwick	State RI	Zip 02886	City Peabody	State MA	Zip 01960
Manager Name Thomas W. Thompson			Manager Name		
Street Address 65 Walnut Street			Street Address		
City Peabody	State MA	Zip 02960	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ANDREW G. SHOLES, ESQ			Address		
Address 1375 WARWICK AVENUE			City WARWICK	Zip 02888-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 2 1 8 3 0 \*

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.

*Billings Mann, III*  
Signature of Authorized Person \_\_\_\_\_ Date \_\_\_\_\_

Billings Mann, III

Print or Type Name of Authorized Person

File Date	6/15/05
Check No.	104880
By:	DA
FOR SECRETARY OF STATE USE ONLY	



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>121830</b>		2. Exact name of the limited liability company <b>MANN CHEMICAL, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Manufacturing, buying, selling and dealing in chemicals</b>			
5. Principal office address <b>3134 Post Road</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Billings Mann, III</b>			Contact Title <b>Manager</b>		
Street Address <b>3134 Post Road</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name <b>Billings Mann, III</b>			Manager Name <b>John V. Thompson</b>		
Street Address <b>7 Hancock Street</b>			Street Address <b>65 Walnut Street</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Peabody</b>	State <b>MA</b>	Zip <b>01960</b>
Manager Name <b>Thomas W. Thompson</b>			Manager Name		
Street Address <b>65 Walnut Street</b>			Street Address		
City <b>Peabody</b>	State <b>MA</b>	Zip <b>02960</b>	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>ANDREW G. SHOLES, ESQ.</b>			Address		
Address <b>1375 WARWICK AVENUE</b>			City <b>WARWICK</b>	Zip <b>02888-</b>	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date 10/30/03  
Check No. 302  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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] 9-22-03  
Signature of Authorized Person Date  
**Billings Mann, III**  
Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121830		2. Exact name of the limited liability company MANN CHEMICAL, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Manufacturing, buying, selling and dealing in chemicals	
5. Principal office address 3134 Post Road		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Billings Mann, III		Contact Title Manager	
Street Address 3134 Post Road		City Warwick	State RI
		Zip 02886	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Billings L. Mann, III		Manager Name John V. Thompson	
Street Address 7 Hancock Street		Street Address 65 Walnut Street	
City Barrington	State RI	City Peabody	State MA
Zip 02806		Zip 01960	
Manager Name Thomas W. Thompson		Manager Name	
Street Address 65 Walnut Street		Street Address	
City Peabody	State MA	City	State
Zip 01960		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ANDREW G. SHOLES, ESQ.		Address	
Address 1375 WARWICK AVENUE		City WARWICK	Zip 02886

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 SEP 27 11 27 AM '02  
 SEP 17 4 47 PM '02

This report must be signed in ink by an authorized person pursuant to 7-16-66.



\* 1 2 1 8 3 0 \*

**FILED**

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

SEP 27 2002  
 By BMF  
291899

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.

Billings Mann III 9-4-02  
 Signature of Authorized Person Date  
 Billings L. Mann, III  
 Print or Type Name of Authorized Person