



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

FILED

Annual Report for the year: 2018
Limited Liability Company

JUL 08 2019

BY 1059 DS

- 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 <u>1669959</u>		2. Exact name of the Limited Liability Company <u>Megadyne America LLC</u>			
3. NAICS Code <u>423800</u>		4. Brief description of the character of business conducted in Rhode Island <u>Salesman</u>			
5. State of Formation <u>NC</u>					
6. Principal Office Address <u>19 County St</u>			City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>DIANE Fobert</u>			Contact Title <u>Controller</u>		
Street Address <u>340 Kaplan Dr</u>			City <u>Fairfield</u>	State <u>NT</u>	Zip <u>07004</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Philip Cohen</u>			Manager Name <u>DIANE Fobert</u>		
Street Address <u>340 Kaplan Dr</u>			Street Address <u>340 Kaplan Dr</u>		
City <u>Fairfield</u>	State <u>NT</u>	Zip <u>07004</u>	City <u>Fairfield</u>	State <u>NT</u>	Zip <u>07004</u>
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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					
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 <u>DIANE Fobert</u>				Date <u>7/3/19</u>	
Signature of Authorized Person 					

MAIL TO:
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