/ Tage 1	of State - Bus		ces Division	_		
Annual Report for t Limited Liability Co	mpany	·· · · · · · · · · · · · · · · · · · ·				
 → Filing period: Septer → Filing Fee: \$50.00 → Penalty: Additional \$2 			ember 1.	_	BUS SEP	
1. Entity ID Number 1022146		2. Exact name of the Limited Liability Company Integra Companies, LLC				
3. NAICS Code 453991		4. Brief description of the character of business conducted in Rhode Island Sales of Industrial hosing products.				
5. State of Formation Massachusetts						
Principal Office Address Saratoga Boulevard			City Devens	State MA	Zip 01434	
7. Mailing Address of Limite	ed Liability Compar	y and Name or Ti				
Contact Name Scott K. Baker			Contact Title Secretary			
Street Address 100 Matsonford Road, Bldg 1, Ste 200			City Radnor	State PA	^{Zip} 19087	
8. List ALL managers (nam Manager Name Michael DeP	es and addresses) Petris	of the Limited Lia	Manager Name	ABLE - DO NOT LIST M	MEMBERS	
Street Address 100 Matsonford Road, Bldg 1, Ste 200			Street Address 100 Matsonford Road, Bidg 1, Ste 200			
City Radnor	State PA	^{Zip} 19087	City Radnor	State PA	Zip 19087	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	7ip	City	State	Zıp	
9. Resident Agent in Rhode Under penalty of perjury, I statements, and that all st	declare and affiri	n that I have exa	mined this conort includ	state. Changes require filing	Horaite an attachitient Form 642.	
Name of Authorized Person Scott K. Baker	atements contain	eu nerein are tru	e and correct.	Date 10/30/2018		
Signature of Authorized Pers	son	SIGN D	OCUMENT HERE	10/30/20		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov **FILED**

SEP 1 7 2019

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