



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

Annual Report for the year: **2017**

**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

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 RI DEPT OF STATE

1. Entity ID Number <b>1022146</b>		2. Exact name of the Limited Liability Company <b>Integra Companies, LLC</b>			
3. NAICS Code <b>453991</b>		4. Brief description of the character of business conducted in Rhode Island <b>Sales of Industrial hosing products.</b>			
5. State of Formation <b>Massachusetts</b>					
6. Principal Office Address <b>29 Saratoga Boulevard</b>		City <b>Devens</b>	State <b>MA</b>	Zip <b>01434</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Scott K. Baker</b>			Contact Title <b>Secretary</b>		
Street Address <b>100 Matsonford Road, Bldg 1, Ste 200</b>		City <b>Radnor</b>	State <b>PA</b>	Zip <b>19087</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Mark McLoughlin</b>		Manager Name <b>Douglas J. Pitts</b>			
Street Address <b>100 Matsonford Road, Bldg 1, Ste 200</b>		Street Address <b>100 Matsonford Road, Bldg 1, Ste 200</b>			
City <b>Radnor</b>	State <b>PA</b>	Zip <b>19087</b>	City <b>Radnor</b>	State <b>PA</b>	Zip <b>19087</b>
Manager Name <b>James M. Kalinovich</b>		Manager Name			
Street Address <b>100 Matsonford Road, Bldg 1, Ste 200</b>		Street Address			
City <b>Radnor</b>	State <b>PA</b>	Zip <b>19087</b>	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.					
<i>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.</i>					
Name of Authorized Person <b>Scott K. Baker</b>				Date <b>10/30/2018</b>	
Signature of Authorized Person 		SIGN DOCUMENT HERE			

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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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