S	itate of Rhode Island and Pro Office of the Secreta	
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet)4-2615
Limited Liebility Com		
Limited Liability Com Annual Report Filing Period: September 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2019</u>	
1. ID No. <u>00095079</u>	7	
2. Exact Name of the Li	mited Liability Company <u>THE CH</u>	IEMOURS COMPANY FC, LLC
3. State of Formation		
State: <u>DE</u>		
	ARTICLE III	
the list of codes <u>here.</u> Mor <u>325900</u>	e information on <u>NAICS</u> can be found	online.
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Island
CHEMICAL MANUFA	CTURING AND SALES	
5. Principal Office Addre	SS	
	<u>MARKET STREET</u> <u>MINGTON</u> State	: <u>DE</u> Zip: <u>19899</u> Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:
	MARKET STREET	
City or Town: <u>WILN</u>	IINGTON State	: <u>DE</u> Zip: <u>19899</u> Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Applicable.
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	MARK E. NEWMAN	1007 MARKET STREET WILMINGTON, DE 19899 USA
MANAGER	E. BRYAN SNELL	1007 MARKET STREET

N	IANAGER	

MARK P. VERGNANO

WILMINGTON, DE 19899 USA

1007 MARKET STREET WILMINGTON, DE 19899 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 4 Day of October, 2019 at 9:13:54 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ADAM DEIS

Signature of Authorized Person

Form No. 632 Revised 09/07

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