Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040 <b>Limited Liability Company Filing Period: September 1 - November 1</b> In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-100)	Office of the Secretary of State         Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040         Colspan="2">Colspan="2"         Colspan="2">Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2" <td< th=""><th></th><th></th><th></th><th></th></td<>						
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file is annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty eof \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No.       000950733         2. Exact Name of the Limited Liability Company SAFETY TUBS COMPANY, LLC         3. State of Formation         State: DE         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         326191         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MANUFACTURING         5. Principal Office Address         No. and Street:       902 W NORTH CARRIER PKWY. City or Town:         Ghalling Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Solze NORTH CARRIER PKWY. City or Town:         Contact Title:       No. and Street:         No. and Street:       902 W NORTH CARRIER PKWY. City or Town:         Contact Title:       No. and Street:         No. and Address of Limited Liability Comp	148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Piller B Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(0)(i. each limited liability company failing or refusing to file its annual report with initing (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No. 000950733         2. Exact Name of the Limited Liability Company SAFETY TUBS COMPANY, LLC         3. State of Formation State: DE         ARTICLE II         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         326191         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANUFACTURING         5. Principal Office Address         No. and Street: 902 W NORTH CARRIER PKWY. City or Town: GRAND PRAIRIE       State: TX Zip: 75050 Country: USA         6. Malling Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No and Street: 902 W NORTH CARRIER PKWY. City or Town: GRAND PRAIRIE       State: TX Zip: 75050 Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIM MEMBERS       State: TX Zip: 75050 Country: USA         Title       Individual Name First, Middle, Last, Suffix       Address. C	s			Fee: \$50.00		
(401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R1 G.L. 7-16-66(d) each limited liability company failing or refusing to file its annual report with in thy (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No.       000950733         2. Exact Name of the Limited Liability Company SAFETY TUBS COMPANY, LLC         3. State of Formation         State: DE         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         326191         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MANULFACTURING         5. Principal Office Address         No. and Street: 902 W NORTH CARRIER PKWY. Citly or Town: GRAND PRAIRIE         State: TX zip: 75050 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title: No. and Street: 902 W NORTH CARRIER PKWY. Citly or Town: GRAND PRAIRIE       State: TX zip: 75050 Country: USA	(401) 222-3040         Initial Liability Company Print Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report with mith (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No.       000950733         2. Exact Name of the Limited Liability Company SAFETY TUBS COMPANY, LLC         3. State of Formation State: DE         ARTICLE II         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         326191         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANUFACTURING         6. Principal Office Address         No. and Street:       902 W NORTH CARRIER PKWY. City or Town:       Cantant Title:         No. and Street:       902 W NORTH CARRIER PKWY. City or Town:       Cantant Title:         No. and Street:       902 W NORTH CARRIER PKWY. City or Town:       Cantant Title:         No. and Street:       902 W NORTH CARRIER PKWY. City or Town:       Cantant Title:         No. and Street:       902 W NORTH CARRIER PKWY. City or Town:       Cantant Title: <t< td=""><td colspan="5"></td></t<>						
Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(w), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-666(w.20)) is subject to a penalty fee of \$25.00         ANNUAL REPORT YEAR: 2019         1. ID No.       000950733         2. Exact Name of the Limited Liability Company SAFETY TUBS COMPANY, LLC         3. State of Formation         State: DE         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         326191         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MANUFACTURING         5. Principal Office Address         No. and Street: 902 W NORTH CARRIER PKWY.         City or Town: GRAND PRAIRIE       State: TX Zip: 75050 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street: 902 W NORTH CARRIER PKWY.         City or Town: GRAND PRAIRIE       State: TX Zip: 75050 Country: USA         A mane and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT	Annual Report         "Img Period: September 1 - November 1         In accordance with R.J.G.L. 7-16-66(d), each limited liability company failing or refusing to the its annual report with Intry (20) days after the time prescribed by law (R.J.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2019         1. ID No.       000950733         2. Exact Name of the Limited Liability Company SAFETY TUBS COMPANY, LLC         3. State of Formation         State: DE         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         326191         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MANUFACTURING         5. Principal Office Address         No. and Street:       902 W NORTH CARRIER PKWY. City or Town:       GRAND PRAIRIE       State: TX       Zip: 75050       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Title:       No. and Street:       902 W NORTH CARRIER PKWY. City or Town:       GRAND PRAIRIE       State: TX       Zip: 75050       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Address       Addres	HOPE					
to file its annual report within thirty (30) days after the time prescribed by low (R.I.G.L. 7- 16-60(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 000950733 2. Exact Name of the Limited Liability Company SAFETY TUBS COMPANY, LLC 3. State of Formation State: DE ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 326191 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANUFACTURING 5. Principal Office Address No. and Street: 902 W NORTH CARRIER PKWY. City or Town: GRAND PRAIRIE State: TX Zip: 75050 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 902 W NORTH CARRIER PKWY. City or Town: GRAND PRAIRIE State: TX Zip: 75050 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 902 W NORTH CARRIER PKWY. City or Town: GRAND PRAIRIE State: TX Zip: 75050 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7: 10-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 000950733 2. Exact Name of the Limited Liability Company SAFETY TUBS COMPANY, LLC 3. State of Formation State: DE ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here</u> . More information on NAICS can be found online. 326191 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MANUFACTURING 5. Principal Office Address No. and Street: 902 W NORTH CARRIER PKWY. City or Town: <u>GRAND PRAIRIE</u> State: TX Zip: 75050 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 902 W NORTH CARRIER PKWY. City or Town: <u>GRAND PRAIRIE</u> State: TX Zip: 75050 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 902 W NORTH CARRIER PKWY. City or Town: <u>GRAND PRAIRIE</u> State: TX Zip: 75050 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Annual Report					
1. ID No.       000950733         2. Exact Name of the Limited Liability Company SAFETY TUBS COMPANY, LLC         3. State of Formation         State: DE         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.         326191         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MANUFACTURING         5. Principal Office Address         No. and Street:       902 W NORTH CARRIER PKWY. City or Town:       Contact Title: 902 W NORTH CARRIER PKWY. Contact Name:         Contact Name:       Contact Title: 902 W NORTH CARRIER PKWY. City or Town:       GRAND PRAIRIE       State: TX       Zip: 75050       Country: USA         A state: TX         Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title: 902 W NORTH CARRIER PKWY. City or Town:       GRAND PRAIRIE       State: TX       Zip: 75050       Country: USA         7 Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name       Address	1. ID No.       000950733         2. Exact Name of the Limited Liability Company SAFETY TUBS COMPANY, LLC         3. State of Formation         State: DE         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.         326191         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MANUFACTURING         5. Principal Office Address         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         State:       Title         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         Name and Address of Each Manager of the Limited Liability Company, if Applicable. <td colspan="6">In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&amp;c)) is subject to a penalty fee of \$25.00.</td>	In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.					
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ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         326191         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MANUFACTURING         5. Principal Office Address         No. and Street:       902 W NORTH CARRIER PKWY,         City or Town:       GRAND PRAIRIE         State: TX         Output: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       902 W NORTH CARRIER PKWY,         City or Town:       GRAND PRAIRIE         State: TX         Zip:       75050         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       902 W NORTH CARRIER PKWY,         City or Town:       GRAND PRAIRIE       State: TX       Zip: 75050       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO N	ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.         326191         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MANUFACTURING         5. Principal Office Address         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE       State: TX       Zip: 75050       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       902 W NORTH CARRIER PKWY.         Contact Name:       Contact Title:       No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE       State: TX       Zip: 75050       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name       Address         First, Middle, Last, Suffix	3. State of Formation					
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MANUFACTURING         5. Principal Office Address         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         State:       TX         Zip:       75050         Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         State:       TX         Zip:       75050         Country:       USA	MANUFACTURING         5. Principal Office Address         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         State:       TX         Zip:       75050         Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         State:       TX         Zip:       75050         Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       Individual Name         First, Middle, Last, Suffix       Address         Address, City or Town, State, Zip Code, Country	<u>326191</u>					
5. Principal Office Address         No. and Street:       902 W NORTH CARRIER PKWY. GRAND PRAIRIE         City or Town:       GRAND PRAIRIE         State:       TX         Zip:       75050         Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         State:       TX         Zip:       75050         Country:       USA         Title       Individual Name         Address	5. Principal Office Address         No. and Street:       902 W NORTH CARRIER PKWY. GRAND PRAIRIE         City or Town:       GRAND PRAIRIE         State:       TX         Zip:       75050         Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         State:       TX         Zip:       75050         Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address         Address, City or Town, State, Zip Code, Country	4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island					
No. and Street: City or Town:902 W NORTH CARRIER PKWY. GRAND PRAIRIEState: TXZip:75050Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name: No. and Street: Oty or Town:Contact Title: 902 W NORTH CARRIER PKWY. GRAND PRAIRIEState: TXZip:75050Country: USATitleNo. and Street: ONOT LIST MEMBERS902 W NORTH CARRIER PKWY. GRAND PRAIRIEState: TXZip:75050Country: USATitleIndividual NameAddress	No. and Street:       902 W NORTH CARRIER PKWY. GRAND PRAIRIE       State: TX       Zip: 75050       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         State:       TX         Zip:       75050         Country:       USA         Title       Individual Name         First, Middle, Last, Suffix       Address         Address, City or Town, State, Zip Code, Country	MANUFACTURING					
City or Town:GRAND PRAIRIEState: TXZip:75050Country: USA6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:Contact Name:Contact Title:No. and Street:902 W NORTH CARRIER PKWY.City or Town:GRAND PRAIRIEState: TXZip:7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.DO NOT LIST MEMBERSIndividual NameAddress	City or Town:       GRAND PRAIRIE       State: TX       Zip:       75050       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         State:       TX         Zip:       75050         Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       Individual Name         First, Middle, Last, Suffix       Address         Address, City or Town, State, Zip Code, Country	5. Principal Office Addre	SS				
Contact Name:       Contact Title:         No. and Street:       902 W NORTH CARRIER PKWY.         City or Town:       GRAND PRAIRIE         State:       TX         Zip:       75050         Country:       USA         Title       Individual Name         Address	Contact Name:       Contact Title:         No. and Street: <u>902 W NORTH CARRIER PKWY.</u> City or Town: <u>GRAND PRAIRIE</u> State: <u>TX</u> Zip: <u>75050</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address         Address, City or Town, State, Zip Code, Country			State: <u>TX</u> Zip: <u>75050</u> C	ountry: <u>USA</u>		
No. and Street: City or Town:       902 W NORTH CARRIER PKWY. GRAND PRAIRIE       State: TX       Zip:       75050       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name       Address	No. and Street: City or Town:       902 W NORTH CARRIER PKWY. GRAND PRAIRIE       State: TX       Zip:       75050       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name	7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	No. and Street: 902 W NORTH CARRIER PKWY.					
DO NOT LIST MEMBERS       Title     Individual Name     Address	DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	City or Town: <u>GRANE</u>	<u>) PRAIRIE</u>	State: <u>TX</u> Zip: <u>75050</u> Co	ountry: <u>USA</u>		
	First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country			ability Company, if Applicable			
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		Title					
	8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country		

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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 3:15:58 PM 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 MANDY HENDRICKS

Signature of Authorized Person

Form No. 632 Revised 09/07

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