

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Diesem 148 W. River Steet Providence: Rt 020 Å 2615 461-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ________ Filing Period: September 1 - November 1 • Filing Fee: \$50.00_

2006

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK A Lore Comme of the hindest hability company 74067 Composites One LLC. r. Brief desco, tour of the character of the business which is actually conducted in Rhode Island Meteral Lagrantian SALE AND DISTRIBUTE FIBERGLASS MATERIALS & REINFORCED PLASTIC MATERIALS. **RHODE ISLAND** 5. Principal office offices arlington theights 60005-4432 723 w. algonquin Rd. 6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Coninct Name Nancy Dehmlow 723 W. Algonquin Rd. 60005-4432 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 STEVEN L. Dehmlow Nancy Dehmlow Street Address W. algonquin Rd. 60005 (SOO) Charles 14Th ST. algonquin IV. Kansas City 60005 MD 64116 8 RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Adores **NANCY DEHMLOW**

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

BRISTOL



FILED	
B. By 30 2006	162759 USE ONLA

MINTURN FARM ROAD

Under populty 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.

Zq.

02809

nancy Delinitor	10/27/06
Signature of Authorized Person	Date

Nany	Dehmlan
Print or Type Name	of Authorized Person

Managers (continued)

Olivier Moulaert 820 East 14th St N Kansas City, MO 64116

Bernard Pinatel 820 East 14th St. N Kansas City, MO 64116

IF 14067

FILED

OCT 30 2006

By GOR



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I ID No 2. Exact name of the limited liabilty company 74067 Composites One LLC. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island SALE AND DISTRIBUTE FIBERGLASS MATERIALS & REINFORCED PLASTIC MATERIALS. RHODE ISLAND 5. Principal office address State City Zip 723 WEST ALGONQUIN ROAD ARLINGTON HEIGHTS ΙL 60005-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Title Contact Name NANCY DEHMLOW Street Address City State 723 WEST ALGONQUIN ROAD .ARLINGTON HEIGHTS ΙL 60005-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FULL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Steven L. Dehmlow Gilles Perrot Street Address · Sireei Address 723 W. Algonquin Rd. .820 East 14th St. City State City State Zip Zip N. Kansas City Arlington Heights ΙL 60005-4432 MO 64116 Manager Name Manager Name Charles Bennett David P. Smith Sireei Address ·Sireei Address 723 W. Algonquin Rd 820 East 14th St. City City State Zip State Zip Arlington Heights IL 60005-4432 N. Kansas City Мо 64116 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL., 7-16-11 Agent Name Address **NANCY DEHMLOW** MINTURN FARM ROAD Address Zip Minturn Farm Rd. BRISTOL 02809

This report must be signed in ink by an authorized person pursuant to 7-16-66.



74067 DLLC	10/21/05 01:01:07 PM	
File Date	101ay105	_
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FOR SECRETAR	Y OF STATE USE ONLY	

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.

Money Definition	1	10	121	/ox-	-
Signature of Authorized Person	Date			7	

Nancy Dehmlow Hanager Print or Type Name of Authorized Person

Form 632 Rev. 6/02

Additional Managers

Del Wilkinson 820 East 14th Street North Kansas City, MO 64116

Nancy Dehmlow 723 W. Algonquin Rd. Arlington Heights, IL 60005-4432

6



FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

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L <mark>imited Li</mark>	ABIL	ITY COM	PANY ANNUAI	L REPORT F	OR THE	YEAR	20	004	
iling Period; Septe		,	Filing Fee: \$50.00						
FORM MUST BE TYPED 1. ID No				.					_
	1	name of the limited i	апшу сотрану						
74067 3. State of Formation	I Comp	osites One LLC	of the character of the husiness	which is actually conducte	vi sa Phreja kiane	,		 	_
RHODE ISLAND			STRIBUTE FIBERGLASS	•			ALS.		
5. Principal office addres	×	<u> </u>		City		State	1	Zip	_
723 W.	ALGO	NQUIN E	. Ø.	ARUNGTON	J Heiler	IL	ļ	60005	
6. MAILING ADDRI	ess of L	IMITED LIABILI	TY COMPANY AND NA	ME OR TITLE OF CO	NTACT PERS	ON:	•	, 🕶	
Contact Name				Contact Title					
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7. NAME AND ADD	RESS OF		ER OF THE LIMITED LI				਼ਾਜ਼ੀ		
AN	Y MODI		CES BEFORE USING AT MANAGERS REQUIRES					-52	
Manager Name				Hanager Name		. ,	·> (-> / 1 2 0	<i>7</i> -	
STEVEN L.	DEHI	HL o1		GILLES	PERRO	r			
Sireci Address	20,77	<u> 10000</u>	, <u></u> _	Street Address	101210	-			-
723 W.	ALGO	NOUIN RD.		820 CAS	- 10世	ST.			
City		State	7.φ	: City	- 17	State		Zıp	-
ARUNGTON HE	2TH-U	TL	60005	N.KANSAS C	174	HG		64116	
Manager Name				Manager Name	_	*************	••••••	***************************************	•
DAVID P.	SHITH	Jr.			E BENNO	=19			_
Street Address	.			Street Address	745T 14	M			
	H C GO!	State	zip	Gily	<u> 1911 - 191</u>	State		7/0	_
"ARLINGTON H	ずくより	∓ ∟	6000 5	N./CANSAS	CITY	170		21p 64116	
8. RESIDENT AGEN	T IN RH	ODE ISLAND - I	OO NOT ALTER Chang	es require filing of	Form 642 - 1	R.1.G.L. 7-1	.6-11		
Agent Name				Address					
NANCY DEHMLOW									
Address	•			City·			Zip		_
MINTURN FARM ROA	AD			BRISTOL			02809		
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File Date	79-	-1,4		commission is				•	
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Check No.	<u>3/9</u>	0/	_	yeary	pallendo	اس		26/04	_
	_			Signature dj	Authorized Pers	on	Date		

NANCY DEHHLOW

Print or Type Name of Authorized Person

Managers as of 9/30/04

Charles Bennett 820 East 14th Street North Kansas City, MO 64116

Del Wilkinson 820 East 14th Street North Kansas City, MO 64116

Gilles Perrot 820 East 14th Street North Kansas City, MO 64116

Nancy Dehmlow 723 W. Algonquin Rd. Arlington Heights, IL 60005-4432

Steven Dehmlow 723 W. Algonquin Rd. Arlington Heights, IL 60005-4432



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK) L. ID No 2 Exact name of the limited liability company 74067 Composites One LLC. 3. State of Formation 4. Brief description of the character of the hisiness which is actually conducted in Rhode Island SALE AND DISTRIBUTE PIBERGLASS MATERIALS & REINFORCED PLASTIC MATERIALS. RHODE ISLAND 5. Principal office oddress PO BOX 3208 ARLINGTON HEIGHTS I L 60006-3208 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name NANCY DEHMLOW Street Address State PO BOX 3208 .ARLINGTON HEIGHTS 60006-3208 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.J.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name •Manager Name STEVE DEHMLOW NANCY DEHMLOW Street Address Siren Address P O BOX 3208 P O BOX 3208 Cin ·Civ State ARLINGTON HEIGHTS 60006-3208 ARLINGTON HEIGHTS 60006-3208 Manager Name Manager Name DAVID P. SMITH, JR. CHARLES E. BENNETT Street Address ·Street Address P O BOX 3208 820 EAST 14TH STREET Cin Store Zip 60006-3208 ARLINGTON HEIGHTS IL N. KANSAS CITY MO 64116 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Addness NANCY DEHMLOW MINTURN FARM ROAD Address (,iV. Zip BRISTOL 02809

This report must be signed in ink. by an authorized person pursuant to 7-16-66.



	10/27/03 11:32:26 AM*
File Date (O	120103
Check No.	() 700
FOR SECRETARY	OF STATE USH ONLY

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.

Mary Dhulow	10/27/03	
Signature of Authorized Person	Date	



Form 632 Rev. 6/02



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2002</u>

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 74067 Composites One LLC. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island SALE AND DISTRIBUTE FIBERGLASS MATERIALS & REINFORCED PLASTIC MATERIALS. **RHODE ISLAND** 5. Principal office address City State ARLINGTON HTS 60006-3208 PO BOX 3208 IL6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Nancy Dehmlou Sireel Address PO BOX 3208 60006-320g 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT: R.I.G.L 7-16-12 (a) (2) / -7-16-52 Manager Name ·Manager Name STEVEN DEHMLOW Charles bennett Street Address *Street Address 820 EAST ALGONQUIN RD *Ciry State Zip AKUNGTONHAGHTS N. Kansas C

Manager Name

·Sircei Address · BZO EAST

Address

BRISTOL

Gilles Perrot

N. KANSAS CIL

This report must be signed in ink by an authorized person pursuant to 7-16-66.

60005

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



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File Date 2 - 9 - 02	
Check No. 97687	
By: Oc	
FOR SECRETARY OF STATE USE ONLY	

Manager Name

Street Address

Agent Name

Address

NANCY DEHMLOW

MINTURN FARM ROAD

City

DAVIDP. SHITH

ARUNGTON HAGHTS

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.

MO

	J Delimlow	10/25/02	
Signature of	Authorized Person	Date	

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

Yanaqer

64116

02809

ALL Managers as of 4/01/99

Charles Bennett 820 East 14th Street North Kansas City, MO 64116

Patrick Mouligne Minturn Farm Rd. Bristol, RI 02809

Gilles Perrot 820 East 14th Street North Kansas City, MO 64116

Nancy Dehmlow 723 W. Algonquin Rd. Arlington Heights, IL 60005-4432

Steven Dehmlow 723 W. Algonquin Rd. Arlington Heights,IL 60005-4432

To be filed annually between September 1 and November 1

c#1330+ :



MINTURN FARM ROAD BRISTOL, RI 02809

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

	Li	MITED LIABILITY COMPANY	
ID I	Number DLLC 74067	Annual Report for the year 2001	
1.	The name of the limited liability company	ris:	
!	Composites One LLC.		
2.	The address of the principal office of the	ilmited liability company is:	
•	723 W. ALGONQUIN	RD ARLINGTON HEIGHTS IL GOOD	
		aws of which it is formed is RHODE ISLAND	
4	I. The name and address of its resident agent is: PATRICK MOULIGNE		
	MINTURN FARM ROAD BRISTOL REG	2809	
5 .	The current mailing address of the limite	ed liability company and the name or title of a person to whom communications	
	Composites	ehmlow Secretary one LLC 3208	
6.	A brief statement of the character of t	N HEIGHTS, IL 60006-3208 ne business in which the limited liability company is actually engaged in this	
		tion of composites materials	
		gers, the name and address of each manager of the irrited liability company	
••	Neme Neme	Address	
*	<u> </u>		
	rease se attache		
Date	ed 10/26/01	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	
	IE FORKL ORDII ARING UNIU ILU 7 4 0 6 7	· Exact Name of Limited Liability Company	
	FOR SECRETARY OF STATE USE ONLY	- Manual Out. 1 3	
File	-	By dancy Dunlow	
Chec	k No.:	Secretary Title	
By:		Form No. 632 Revised 01/99	
	Please detach and mail the above section registered office and/or registered agent in	ICH BOTTOM BEFORE RETURNING including payment in the amount of \$50.00 made payable to Secretary of State. If the indicated below has changed. Form 642 miles be filed in this loffice. Forms may be issued on from our web site at www.state.cl us.	
1576	10.29-01	RETAIN FOR YOUR RECORDS	
	10.29.01 CK# 76060 Te	Compld: DLLC 74067	
	de	Corp: Compusites One LLC	
	,	File Date	
	Composites One LLC.	Check No	
	do PATRICK MOULIGNE	:	

Managers as of 4/01/99

Charles Bennett 820 East 14th Street North Karlsss City, MO 64116

Patrick Mouligne Mintum Farm Rd. Bristol, RI 02809

Gilles Perrot 820 East 14th Stree: North Karisas City, MO 64116

Nan cy Dehmlo w 723 W. A Igonquin Rd. Arlington Heights, LL 60005-4432

Steven Dehmlow 723 W. Algonquin Rd. Arlington Heights, IL 60005-4432

By:

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

ID	Number DLLC 74067	Annual Report for the year 2000
1.	The name of the limited liability comp	any is:
	Composites One LLC.	
2.	The address of the principal office of	the limited liability company is:
	723 W. ALGONQUIN PD.	ARLINGTON HEIGHTS IL 60067
3.		he laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agent is: PATRICK MOULIGNE
	MINTURN FARM ROAD BRISTOL F	RI 02809
5.	The current mailing address of the lin	nited liability company and the name or title of a person to whom communications
	may be directed are: Noncy Composit fo Box	Dehmlow Secretaryes One Lie
6.	ARLINGT	かい HEIGHTS、エレ 60006-3208 If the business in which the limited liability company is actually engaged in this
	state: Wholes aled 1stributi	on of composities materials
7.	If the limited liability company has ma Name	nagers, the name and address of each manager of the limited liability company Address
	Please see affached.	
Da	ated 9/22/00	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.
		Composites One LLC Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY e Date:	By nancy Dehmlow
Chi	eck No.: 50845	Secretary Title
Ву	3	Title Form No. 632 Revised 01/99

Managers as of 4/01/99

Charles Bennett 820 East 14th Street North Kansas City, MO 64116

Patrick Mouligne Mintum Farm Rd. Bristol, RI 02809

Gilles Perrot 820 East 14th Street North Kansas City, MO 64116

Nancy Dehmlow 723 W. Algonquin Rd. Arlington Heights, IL 60005-4432

Steven Dehmlow 723 W. Algonquin Rd. Arlington Heights,IL 60005-4432

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

ID	Number LL 74067	Annual Report for the year 1999
1.	The name of the limited liability company i	s:
	Composites One LLC.	
2.	The address of the principal office of the li	mited liability company is:
	Minturn Farm Rd., Bristol	, RI 02809
3.	The state or other jurisdiction under the la	ws of which it is formed is RHODE ISLAND
4.	The name and address of its resident age	nt is: PATRICK MOULIGNE
	MINTURN FARM ROAD BRISTOL, RIC	2809
5.	The current mailing address of the limited	liability company and the name or title of a person to whom communications
	may be directed are: Nancy Dehml	OW. Composites One LLC
		ton Heights, IL 60006-3208
7.	state: Distributor &wholesa	business in which the limited liability company is actually engaged in this le) of composites materials ers, the name and address of each manager of the limited liability company Address
٠,		
Dat	ted 10/27/99 * 7 4 0 6 7 *	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. Composites One LLC Exact Name of Limited Liability Company
File	FOR SECRETAR POAS IAD USE ONLY Date: NOV 0 1 1999 VIX Ek No.: SEC'Y OF STATE	By Nanag schmiow Vice President & Secretary Title Form No. 632 Revised 01/99

Managers as of 4/01/99

Charles Bennett 820 East 14th Street North Kansas City, MO 64116

Patrick Mouligne Minturn Farm Rd. Bristol, RI 02809

Gilles Perrot 820 East 14th Street North Kansas City, MO 64116

Nancy Dehmlow 723 W. Algonquin Rd. Arlington Heights, IL 60005-4432

Steven Dehmlow 723 W. Algonquin Rd. Arlington Heights,IL 60005-4432



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

ID	Number <u>LL 74067</u>	Annual Report for the year 1998
1.	The name of the limited liability comp	any is:
	RP ASSOCIATES, L.L.C.	
2.	The address of the principal office of	
	Minturn Farm Road, P 0	Box 568, Bristol, RI 02809
3.	The state or other jurisdiction under the	ne laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agent is: STEVEN M. MCINNIS
	38 BELLEVUE AVENUE NEWPOR	Γ, RI 02840
5.	The current mailing address of the	e limited liability company and the name or title of a person to whom
	communications may be directed are	Patrick Mouligne, Minturn Farm Road
		P O Box 568, Bristol, RI 02809
6.	A brief statement of the character of state: Sale and distribution	the business in which the limited liability company is actually engaged in this
7.	If the limited liability company has ma	nagers, the name and address of each manager of the limited liability company Address
	N/A	
Dα	ated September 2, 1998	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.
		RP Associates, L.L.C. Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY Date: 9.17.98	m / So
Che	ck No.: 34911	By Trum in m
Ву:	W	Patrick Movingne, President Title



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

ID	Number 0074057	Annual Report for the year1997	_
1.	The name of the limited liability company is	;; <u> </u>	
2.	The address of the principal office of the lin	• • •	
3. 4.	The state or other jurisdiction under the law The name and address of its resident agen 38 Bellevue Avenue, Newport, RI	is: Steven M. McInnis, Esq.	_ _
5.	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Minturn Farm Road, P O Box 568, Bristol, RI 02809 Patrick Mouligne, President		
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state: _Sale and distribution of fiberglass materials		
7.	,	gers, the name and address of each manager of the limited liabi	ility
Dat	ted <u>9-30</u> , 19_97	Under penalty of perjury, I declare and affirm that I have examined to report, including any accompanying schedules and statements, at that all statements contained herein are true and correct. RP Associates, L.L.C.	
	SECY OF STATE	Patrick Mouligne. President Title	_

To be filed annually between September 1 and November 1

State of Rhode Island and Providence Plantations

Office of the Secretary of State Corporation Division 100 North Main Street Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D.# 74067

Annual Report for the year 1996

FIRST:	The name of the limited liability company is: RP ASSOCIATES, L.L.C.
SECOND:	The address of the principal office of the limited liability company is:
	Minturn Farm Road, Bristol, RI 02809
THIRD:	The state or other jurisdiction under the laws of which it is formed is: Rhode Island
FOURTH:	The name and address of its resident agent is: Steven M. McInnis, Esquire
	.38 Bellevue Avenue, Newport, RL 02840
FIFTH:	The current mailing address of the limited hability company and the name or title of a person to whom communications may be directed are: c/o RP Associates, Minturn Farm Road, Bristol, RI 02809
	.Patrick Mouligne
SIXTH	: A brief statement of the character of the business in which the corporation is actually engaged in this state: Sale and distribution of fieberglass materials
Dated	19 96 RP ASSOCIATES, L.L.C. Exact Name of Limited Liability Company
File Date:	9/19 \m 20
Check No:	16039 -By 4th Ch
By:	*To be signed in the manner required by the home state. Patrick Mouligne
'	Title President

State of Rhode Island and Providence Plantations

Office of the Secretary of State Corporation Division 100 North Main Street Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D. #O	074057 Annual Report for the year
FIRST:	The name of the limited liability company is: RP ASSOCIATES, L.L.C.
SECOND:	The address of the principal office of the limited liability company is:
	Minturn Farm Road Bristol, RI 02809
THIRD:	The state or other jurisdiction under the laws of which it is formed is: Rhode Island
FOURTH:	The name and address of its resident agent is: Steven M. McInnis, Esq. 38 Bellevue Avenue Newport, RI 02840
FIFTH:	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Patrick Mouligne c/o RP Associates Minturn Farm Road Bristol, RI 02809
SIXTH:	A brief statement of the character of the business in which the corporation is actually engaged in this state: Sale and distribtion of fiberglass materials and reinforced plasticmaterials
Dated	FILED RP ASSOCIATES, L.L.C. Exact Name of Limited Liability Company By Man C. C.
_	SEP 0 8 1995 Title
By_	CC 11044 President

FORM LLC-19 7/95

^{*}To be signed in the manner required by the home state.

Filing Fee \$50.00 Payable to: Secretary of State

WITHOUT PAR

Date 1013194

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations
Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 6,7011

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

401-277-3040 0074067 Corporate ID: _ __ Annual Report for the year: RP ASSOCIATES, L.L.C. Name of Business Entity: ___ Business Entity is (check one): Business entity organized under the laws of the State of: Rhode Island [] Business Corporation (See RIGL Chapter 7-1.1) Federal Taxpayer Identification Number: __ 1 Professional Service Corporation (See RIGL Chapter 7-5.1) [X] Limited Liability Company (See RIGL 7-16) For foreign entity, address and telephone number of principal office: Name, title and mailing address of contact person to whom communications may be directed: Steven M. McInnis 38 Bellevue Avenue Newport, RI 02840 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): Brief statement of the character of business conducted in Rhode Island: Minturn Farm Road, P O Box 568 Sale and distribution of fiberglass Bristol, RI 02809 materials.___ Date of Organization: <u>09/24/1998</u> Phone. (401) 253-4800 Date of Qualification to do business in Rhode Island (if foreign entity): THE NAMES OF THE OFFICERS ARE: CITY/STATE ZIP CODE ☐ CHIEF EXECUTIVE OFFICER OR 🙀 PRESIDENT (Check One) STREET ADDRESS Patrick Mouligne Minturn Farm Road 02809 Bristol, Rl ☐ CHIEF OPERATING OFFICER OR 😾 VICE PRESIDENT (Chack Obe) CITY/STATE STREET ADDRESS Bristol, RI Jean-Pierre Mouligne Minturn Farm Road 02809 ☐ CUSTODIAN OF RECORDS OR ☑ SECRETARY (Check One) ZIP CODE STREET ADDRESS CITY/STATE Steven M. McInnis 38 Bellevue Avenue 02840 Newport, RI CHIEF FINANCIAL OFFICER OR . TREASURER (Check Onc) ZIP CODE STREET ADDRESS CITY/STATE lean-Jacques van Royen Minturn Farm Road 02840 ZiP CODE STREET ADDRESS CITY/STATE Gilles Perrot, Chairman Minturn Farm Road Bristol, RI NAME STREET ADDRESS CITY/STATE NAME STREET ADDRESS NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) N/A OCT 61994 NUMBER NUMBER N/A Oct 6, 1994 CLASS CLASS SERIES **SERIES** PAR VALUE OR PAR VALUE OR

PRINT OR TYPE NAME OF OFFICER SIGNING

WITHOUT PAR

Drasidant