



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 3949

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2006

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. 74067		2. List name of the limited liability company Composites One LLC.	
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALE AND DISTRIBUTE FIBERGLASS MATERIALS & REINFORCED PLASTIC MATERIALS.	
5. Principal office address 723 W. Algonquin Rd.		City Arlington Heights	State IL
		Zip 60005-4132	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Nancy Dehmlow		Contact Title Secretary	
Street Address 723 W. Algonquin Rd.		City Arlington Heights	State IL
		Zip 60005-4132	
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) <input checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name STEVEN L. Dehmlow		Manager Name Nancy Dehmlow	
Street Address 723 W. Algonquin Rd.		Street Address 723 W. Algonquin Rd.	
City Arlington Heights	State IL	City Arlington Heights	State IL
Zip 60005		Zip 60005	
Manager Name DAVID P. Smith, Jr.		Manager Name Charles Bennett	
Street Address 723 W. Algonquin Rd.		Street Address 820 EAST 14TH ST.	
City Arlington Heights	State IL	City N. Kansas City	State MO
Zip 60005		Zip 64116	
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NANCY DEHMLOW		Address	
Street		City	Zip
MINTURN FARM ROAD		BRISTOL	02809

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



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.

File Date **FILED**
Check No. **OCT 30 2006 162759**
By **13**
FOR THE DEPT. OF STATE USE ONLY

Nancy Dehmlow 10/27/06
Signature of Authorized Person Date
Nancy Dehmlow
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

74067

FILED
OCT 30 2006
By 74067
GAA



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)

1. ID No. 74067		2. Exact name of the limited liability company Composites One LLC.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALE AND DISTRIBUTE FIBERGLASS MATERIALS & REINFORCED PLASTIC MATERIALS.			
5. Principal office address 723 WEST ALGONQUIN ROAD		City ARLINGTON HEIGHTS	State IL	Zip 60005-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name NANCY DEHMLOW		Contact Title			
Street Address 723 WEST ALGONQUIN ROAD		City ARLINGTON HEIGHTS	State IL	Zip 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) <input checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Steven L. Dehmlow		Manager Name Gilles Perrot			
Street Address 723 W. Algonquin Rd.		Street Address 820 East 14th St.			
City Arlington Heights	State IL	Zip 60005-4432	City N. Kansas City	State MO	Zip 64116
Manager Name David P. Smith		Manager Name Charles Bennett			
Street Address 723 W. Algonquin Rd.		Street Address 820 East 14th St.			
City Arlington Heights	State IL	Zip 60005-4432	City N. Kansas City	State MO	Zip 64116
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name NANCY DEHMLOW		Address MINTURN FARM ROAD			
Address Minturn Farm Rd.		City BRISTOL		Zip 02809	

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



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.

Nancy Dehmlow 10/21/05
Signature of Authorized Person Date

Nancy Dehmlow Manager
Print or Type Name of Authorized Person

74067 DLLC 10/21/05 01:01:07 PM
File Date 10/24/05
Check No. 1473862
By: CXC
FOR SECRETARY OF STATE USE ONLY

Composites One LLC

Additional Managers

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

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



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 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 74067		2. Exact name of the limited liability company Composites One LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALE AND DISTRIBUTE FIBERGLASS MATERIALS & REINFORCED PLASTIC MATERIALS.			
5. Principal office address 723 W. ALGONQUIN RD.		City ARLINGTON HEIGHTS	State IL	Zip 60005	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Nancy Dehmlow		Contact Title SECRETARY			
Street Address PO BOX 3208		City ARLINGTON HEIGHTS	State IL	Zip 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) <input checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name STEVEN L. DEHMLOW		Manager Name GILLES PERROT			
Street Address 723 W. ALGONQUIN RD.		Street Address 820 EAST 14TH ST.			
City ARLINGTON HEIGHTS	State IL	Zip 60005	City N. KANSAS CITY	State MO	Zip 64116
Manager Name DAVID P. SMITH JR.		Manager Name CHARLES BENNETT			
Street Address 723 W. ALGONQUIN RD.		Street Address 820 EAST 14TH ST.			
City ARLINGTON HEIGHTS	State IL	Zip 60005	City N. KANSAS CITY	State MO	Zip 64116
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name NANCY DEHMLOW			Address		
Address MINTURN FARM ROAD			City BRISTOL	Zip 02809	

FILED

OCT 29 2004

BY AME

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

49921



* 7 4 0 6 7 *

File Date **10-29-04**

Check No. **131907**

By: **AME**

FOR SECRETARY 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.

Nancy Dehmlow
Signature of Authorized Person

10/26/04
Date

NANCY DEHMLOW
Print or Type Name of Authorized Person

Composites One LLC

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

David P. Smith, Jr.
723 W. Algonquin Rd.
Arlington Heights, IL 60005-4432

RECEIVED
SECRETARY OF STATE
OCT 29 12 14 PM '04



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 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 74067		2. Exact name of the limited liability company Composites One LLC.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALE AND DISTRIBUTE FIBERGLASS MATERIALS & REINFORCED PLASTIC MATERIALS.			
5. Principal office address PO BOX 3208		City ARLINGTON HEIGHTS		State IL	Zip 60006-3208
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name NANCY DEHMLow		Contact Title			
Street Address PO BOX 3208		City ARLINGTON HEIGHTS		State IL	Zip 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) <input checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name STEVE DEHMLow		Manager Name NANCY DEHMLow			
Street Address P O BOX 3208		Street Address P O BOX 3208			
City ARLINGTON HEIGHTS	State IL	Zip 60006-3208	City ARLINGTON HEIGHTS	State IL	Zip 60006-3208
Manager Name DAVID P. SMITH, JR.		Manager Name CHARLES E. BENNETT			
Street Address P O BOX 3208		Street Address 820 EAST 14TH STREET			
City ARLINGTON HEIGHTS	State IL	Zip 60006-3208	City N. KANSAS CITY	State MO	Zip 64116
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name NANCY DEHMLow		Address MINTURN FARM ROAD			
Address		City BRISTOL		Zip 02809	

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



74067 DLLC 10/27/03 11:32:26 AM	
File Date	10/20/03
Check No.	11596
By:	
FOR SECRETARY 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.

10/27/03
Signature of Authorized Person Date

Print or Type Name of Authorized Person



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 74067		2. Exact name of the limited liability company Composites One LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALE AND DISTRIBUTE FIBERGLASS MATERIALS & REINFORCED PLASTIC MATERIALS.	
5. Principal office address PO BOX 3208		City ARLINGTON HTS	State IL
		Zip 60006-3208	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Nancy Dehmlow		Contact Title Secretary / Manager	
Street Address PO BOX 3208		City ARLINGTON HEIGHTS	State IL
		Zip 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.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name STEVEN DEHMLOW		Manager Name Charles Bennett	
Street Address 723 W. ALGONQUIN RD.		Street Address 820 EAST 14TH ST.	
City ARLINGTON HEIGHTS	State IL	City N. Kansas City	State MO
Zip 60005		Zip 64116	
Manager Name DAVID P. SMITH, JR.		Manager Name Gilles Perrot	
Street Address 723 W. ALGONQUIN RD.		Street Address 820 EAST 14TH ST.	
City ARLINGTON HEIGHTS	State IL	City N. KANSAS CITY	State MO
Zip 60005		Zip 64116	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NANCY DEHMLOW		Address	
Address MINTURN FARM ROAD		City BRISTOL	Zip 02809

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



* 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.

File Date	12-9-02
Check No.	97687
By:	
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person	10/25/02
Date	
Print or Type Name of Authorized Person	NANCY DEHMLOW
	Manager

Composites One LLC

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

David P. Smith, Jr.
723 W. Algonquin Rd.
Arlington Heights, IL 60005-4432

Filing Fee: \$50.00

To be filed annually between:
September 1 and November 1STATE 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

AUG 23 2001

LIMITED LIABILITY COMPANY

ID Number DLIC 74067Annual Report for the year 2001

1. The name of the limited liability company is:

Composites One LLC.

2. The address of the principal office of the limited liability company is:

723 W. ALGONQUIN RD, ARLINGTON HEIGHTS, IL 600063. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND4. The name and address of its resident agent is: PATRICK MOULIGNEMINTURN FARM ROAD BRISTOL RI 02809

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 DeMolloy, Secretary
Composites One LLC
P.O. Box 3208ARLINGTON HEIGHTS, IL 60006-32086. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: wholesale distribution of composite materials

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Please see attachedDated 10/26/01

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

FOR SECRETARY OF STATE USE ONLY

File Date:

Check No.:

By:

By

Nancy DeMolloySecretary

Title

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040 or from our web site at www.state.ri.us

1578

10-29-01
CK# 74060
2cComposites One LLC
c/o PATRICK MOULIGNE
MINTURN FARM ROAD
BRISTOL, RI 02809

RETAIN FOR YOUR RECORDS

Corpld: DLIC 74067

Corp: Composites One LLC

File Date:

Check No:

Composites One LLC

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 Dehmloew
723 W. A lgonquin Rd.
Arlington Heights, IL 60005-4432

Steven Dehmloew
723 W. A lgonquin Rd.
Arlington Heights, IL 60005-4432

David P. Smith, Jr.
723 W. A lgonquin Rd.
Arlington Heights, IL 60005-4432

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number DLLC 74067

Annual Report for the year 2000

1. The name of the limited liability company is:

Composites One LLC.

2. The address of the principal office of the limited liability company is:

723 W. ALGONQUIN RD. ARLINGTON HEIGHTS, IL 60067

3. The state or other jurisdiction under the 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 RI 02809

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 Dehmlow, Secretary

Composites One LLC

PO BOX 3208

ARLINGTON HEIGHTS, IL 60006-3208

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Wholesale distribution of composites materials

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Please see attached.

Dated 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

FOR SECRETARY OF STATE USE ONLY

File Date: 10/6

Check No.: 50845

By: 24

By Nancy Dehmlow

Secretary

Title

Composites One LLC

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

David P. Smith, Jr.
723 W. Algonquin Rd.
Arlington Heights, IL 60005-4432

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number LL 74067

Annual Report for the year 1999

1. The name of the limited liability company is:

Composites One LLC.

2. The address of the principal office of the limited liability company is:

Minturn Farm Rd., Bristol, RI 02809

3. The state or other jurisdiction under the 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, RI 02809

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 Dehmow, Composites One LLC

P O Box 3208, Arlington Heights, IL 60006-3208

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Distributor (wholesale) of composites materials

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Please see attached

Dated 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

By Nancy Dehmow

Vice President & Secretary

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	NOV 01 1999
Check No.:	SEC'Y OF STATE
By:	

Composites One LLC

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

David P. Smith, Jr.
723 W. Algonquin Rd.
Arlington Heights, IL 60005-4432

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number LL 74067

Annual Report for the year 1998

1. The name of the limited liability company is:

RP ASSOCIATES, L.L.C.

2. The address of the principal office of the limited liability company is:

Minturn Farm Road, P O Box 568, Bristol, RI 02809

3. The state or other jurisdiction under the 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 NEWPORT, RI 02840

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: Patrick Mouligne, Minturn Farm Road

P O Box 568, Bristol, RI 02809

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. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

N/A

Dated September 2, 19 98



FOR SECRETARY OF STATE USE ONLY

File Date: 9.17.98

Check No.: 24911

By: UP

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

By [Signature]

Patrick Mouligne, President

Title

Form No. LLC-19
Revised 8/97

DETACH BOTTOM BEFORE RETURNING

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number 0074067

Annual Report for the year 1997

1. The name of the limited liability company is:

RP ASSOCIATES, L.L.C.

2. The address of the principal office of the limited liability company is:

Minturn Farm Road, P O Box 568, Bristol, RI 02809

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: Steven M. McInnis, Esq.

38 Bellevue Avenue, Newport, RI 02840

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. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

N/A

Dated 9-30, 19 97

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.

PAID

OCT 08 1997
SECY OF STATE
KID 20657

RP Associates, L.L.C.

Exact Name of Limited Liability Company

By Patrick Mouligne

Patrick Mouligne, President

Title

Filing Fee: \$50.00

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, 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:

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:

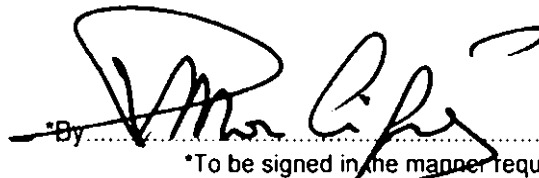
Sale and distribution of fiberglass materials

Dated _____, 19 96

RP ASSOCIATES, L.L.C.

Exact Name of Limited Liability Company

File Date:	9/19
Check No:	16039
By:	KID
For Secretary of State Use Only	

*By 
*To be signed in the manner required by the home state.
Patrick Mouligne

Title President

Filing Fee: \$50.00

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. # 0074067

Annual Report for the year 1995

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 plastic materials

Dated 9/5 19 95

FILED

SEP 08 1995

By CC 11044

RP ASSOCIATES, L.L.C.

Exact Name of Limited Liability Company

*By

Patrick Mouligne

Title

President

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

Filing Fee \$50.00
Payable to:
Secretary of State

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
401-277-3040

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

Corporate ID: 0074057

Annual Report for the year: 1994

Name of Business Entity: RP ASSOCIATES, L.L.C.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Minturn Farm Road, P O Box 568

Bristol, RI 02809

Phone: (401) 253-4800

Business Entity is (check one):

- ☐ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☒ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Steven M. McInnis

38 Bellevue Avenue

Newport, RI 02840

Brief statement of the character of business conducted in Rhode Island:

Sale and distribution of fiberglass materials.

Date of Organization: 09/24/1993

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
Patrick Mouligne	Minturn Farm Road	Bristol, RI	02809
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
Jean-Pierre Mouligne	Minturn Farm Road	Bristol, RI	02809
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
Steven M. McInnis	38 Bellevue Avenue	Newport, RI	02840
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
Jean-Jacques van Royen	Minturn Farm Road	Bristol, RI	02840

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Gilles Perrot, Chairman	Minturn Farm Road	Bristol, RI	02809
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER N/A

CLASS

SERIES

PAR VALUE OR
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER N/A OCT 6, 1994

CLASS

SERIES

PAR VALUE OR
WITHOUT PAR

Date 10/3/94, 19

By:

Patrick Mouligne

PRINT OR TYPE NAME OF OFFICER SIGNING

President