



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. 138268		2. Exact name of the limited liability company Schwarzkopf Technologies LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Business of producing, manufacturing, buying, selling and other activities in metals	
5. Principal office address 115 CONSTITUTION BOULEVARD		City FRANKLIN	State MA Zip 02038-2584
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Andreas Schwenninger		Contact Title .	
Street Address 115 Constitution Boulevard		City Franklin	State MA Zip 02038-2584
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 type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name None		*Manager Name .	
Street Address .		*Street Address .	
City .	State .	Zip .	*City .
Manager Name .		*Manager Name .	
Street Address .		*Street Address .	
City .	State .	Zip .	*City .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NORMAN G. ORODENKER		Address 10 WEYBOSSET STREET, 10TH FLOOR	
Address .		City PROVIDENCE	Zip 02903-2818

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



1 3 8 2 6 8

*138268 LLC 08/31/05 10:19:59 AM*	
File Date	9/14/05
Check No.	33814
By:	AMF
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.

A. Schwenninger 11/9/05  
Signature of Authorized Person Date  
Andreas Schwenninger  
Print or Type Name of Authorized Person