



State of Rhode Island
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
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 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.

ANNUAL REPORT YEAR: 2020

1. ID No. 001667098

2. Exact Name of the Limited Liability Company Ashland LLC

3. State of Formation

State: KY

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.

325900

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

OPERATING COMPANY. PROVIDES SPECIALTY CHEMICAL PRODUCTS, SERVICES AND SOLUTIONS FOR MANY OF THE WORLD'S MOST ESSENTIAL NEEDS AND INDUSTRIES. SERVING CUSTOMERS IN MORE THAN 100 COUNTRIES, IT OPERATES THROUGH ASHLAND SPECIALTY INGREDIENTS AND ASHLAND PERFORMANCE MATERIALS.

5. Principal Office Address

No. and Street: 306 WEST MAIN STREET
SUITE 512

City or Town: FRANKFORT

State: KY

Zip: 40601

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 5475 RINGS RD.

City or Town: DUBLIN

State: OH

Zip: 43017

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
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**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 7 Day of October, 2020 at 9:11:28 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 TIMOTHY J KACZALA
Signature of Authorized Person

Form No. 632
Revised 09/07

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