	Ctata of Dhada		
	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Con Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability comp nin thirty (30) days after the time prescr penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2020</u>		
1. ID No. <u>00169028</u>	<u>1</u>		
2. Exact Name of the Li	imited Liability Company Troemne	r, LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
the list of codes here. Mor	Code that best describes the primary re information on <u>NAICS</u> can be found		by the entity. Download
<u>333997</u>			
4. Brief Description of th	ne Character of the Business Which	is Actually Conduc	cted in Rhode Island
MANUF & ASSEMBL	Y - SCALES & RELATED SYSTE	<u>EMS</u>	
5. Principal Office Addre	ess		
	<u>1 WOLF DRIVE</u> <u>HOROFARE</u> State: <u>NJ</u>	Zip: <u>08086</u>	Country: <u>USA</u>
6. Mailing Address of Li	imited Liability Company and Name	or Title of Contact	Person:
	Title		
	1 WOLF DRIVE		
No. and Street: 201		Zip: <u>08086</u>	Country: <u>USA</u>
No. and Street: 201 City or Town: TH	1 WOLF DRIVE OROFARE State: NJ f Each Manager of the Limited Liab	· ·	
No. and Street: 207 City or Town: TH	1 WOLF DRIVE OROFARE State: NJ f Each Manager of the Limited Liab	bility Company, if A	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER 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 9 Day of October, 2020 at 3:04:15 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 <u>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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