	State of Rhode Office of the Secreta		Fee: \$50.00	
	Division Of Business 148 W. River S			
HOPE	Providence RI 0290 (401) 222-30			
Limited Liability Com Annual Report Filing Period: September 1				
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2020</u>			
<b>1. ID No.</b> <u>000164792</u>				
2. Exact Name of the Limited Liability Company <u>THE SCOTTS COMPANY LLC</u>				
3. State of Formation				
State: <u>OH</u>				
	ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. 339999				
	e Character of the Business Which	is Actually Conducted in I	Rhode Island	
		-		
MANUFACTURING				
5. Principal Office Addre	SS			
No. and Street:14111 SCOTTSLAWN ROADCity or Town:MARYSVILLEState:OHZip:43041Country:USA				
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Persor	1:	
Contact Name: Contact Title:				
	<u>SCOTTSLAWN ROAD</u> SVILLE St	ate: <u>OH</u> Zip: <u>43041</u> C	Country: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Z	ip Code, Country	
MANAGER	KELLY BERRY	14111 SCOTTSL/ MARYSVILLE, OH 430		
MANAGER	JAMES HAGEDORN	14111 SCOTTSL	AWN RD.	

		MARYSVILLE, OH 43041 USA
MANAGER	MICHAEL C. LUKEMIRE	14111 SCOTTSLAWN RD. MARYSVILLE, OH 43041 USA
MANAGER	THOMAS RANDAL COLEMAN	14111 SCOTTSLAWN RD. MARYSVILLE, OH 43041 USA
MANAGER	IVAN C. SMITH	14111 SCOTTSLAWN RD. MARYSVILLE , OH 43041 USA
MANAGER	DENISE S. STUMP	14111 SCOTTSLAWN RD. MARYSVILLE, OH 43041 USA
MANAGER	AIMEE M. DELUCA	14111 SCOTTSLAWN RD. MARYSVILLE, OH 43041 USA
MANAGER	MARK SCHEIWER	14111 SCOTTSLAWN RD. MARYSVILLE, OH 43041 USA

## 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 21 Day of October, 2020 at 3:07:30 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>AIMEE M. DELUCA</u> Signature of Authorized Pe

Signature of Authorized Person

Form No. 632 Revised 09/07

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