	State of Rhode Office of the Secreta		Fee: \$50.0
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>001672623</u>	<u>3</u>		
2. Exact Name of the Li	mited Liability Company Asplund	n Brush Control, LLC	
3. State of Formation			
State: <u>PA</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		ntity. Download
	e Character of the Business Which	is Actually Conducted in I	Rhode Island
		,	
BRUSH CONTROL			
5. Principal Office Addre	SS		
	BLAIR MILL ROAD LOW GROVE State	: <u>PA</u> Zip: <u>19090</u> Co	untry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Persor	1:
	BLAIR MILL ROAD		
City or Town: WILL	<u>OW GROVE</u> State:	<u>PA</u> Zip: <u>19090</u> Co	untry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Applicab	le.
Title	Individual Name	Address	
MANAGER	First, Middle, Last, Suffix RONALD S SIMPSON	Address, City or Town, State, Z	
		708 BLAIR MILI WILLOW GROVE, PA 19	
MANAGER	BRIAN R. BAUER	708 BLAIR MIL	ROAD

MANAGER

GEORGE E. GRAHAM JR.

WILLOW GROVE, PA 19090 USA

708 BLAIR MILL ROAD WILLOW GROVE, PA 19090 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 27 Day of October, 2020 at 9:04:32 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 RONALD S SIMPSON

Signature of Authorized Person

Form No. 632 Revised 09/07

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