		State of Rhode Office of the Secret		e	Fee: \$50.00
HOPE		Division Of Busines 148 W. River S Providence RI 029 (401) 222-30	Street 04-2615		
Limited Liability	Compan	у			
Annual Report Filing Period: Septer	nber 1 - Nov	rember 1			
	ort within thirt	-66(d), each limited liability corr ty (30) days after the time preso Ity fee of \$25.00.			
ANNUAL REPORT	year: <u>202</u>	0			
1. ID No. <u>001</u> 6	<u> 570792</u>				
2. Exact Name of the Limited Liability Company <u>ARCH Cutting Tools-Rhode Island, LLC</u>					
3. State of Forma	tion				
State: <u>MI</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.					
<u>333515</u>					
4. Brief Descriptio	n of the Cha	aracter of the Business Whic	h is Actually	/ Conducted ir	Rhode Island
MANUFACTURI	ER OF CUT	ITING TOOLS.			
5. Principal Office	Address				
-		ARBOR ROAD EAST			
_	<u>SUITE 201</u> PLYMOUT	<u>H</u>	State: <u>MI</u>	Zip: <u>48170</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name: C	ontact Title:				
	<u>0600 ANN</u> UITE 201	ARBOR ROAD EAST			
	LYMOUTH	<u>1</u>	State: <u>MI</u>	Zip: <u>48170</u>	Country: USA
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,	, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 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 30 Day of October, 2020 at 7:17:38 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 <u>LAURA NEUMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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