	State of Office of the S	Rhode Isla Secretary o		Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615				
(401) 222-3040				
Limited Liability Com Annual Report Filing Period: September 1				
	7-16-66(d), each limited liab n thirty (30) days after the til penalty fee of \$25.00.			' _
ANNUAL REPORT YEAR:	<u>2020</u>			
1. ID No. <u>001068180</u>				
2. Exact Name of the Limited Liability Company CAS America LLC				
3. State of Formation				
State: <u>RI</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>337110</u>				
4. Brief Description of th	e Character of the Busines	ss Which is A	ctually Conducto	ed in Rhode Island
<u>CABINETRY</u>				
5. Principal Office Addre	SS			
No. and Street:20 PROVIDENCE PIKECity or Town:NORTH SMITHFIELDState: RIZip: 02896Country: USA				
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
	ROVIDENCE PIKE	_		
City or Town: <u>NOR</u>	TH SMITHFIELD	State: <u>RI</u>	Zip: <u>02896</u>	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			Iress
	First, Middle, Last, Suffiz	K A	aaress, City or Town, S	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

SANDRA MATRONE MACK, ESQ. 50 SOUTH MAIN STREET, SUITE 308S PROVIDENCE, RI 02903

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 9:54:40 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 SANDRA MATRONE MACK

Signature of Authorized Person

Form No. 632 Revised 09/07

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