STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No	2. Exact name of the limited liability company
122381	Bunzl Midatlantic, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Missouri	Warehousing and distribution of Paper and Plastics Products to commercial businesses.

5. Principal office address	City	State	Zip
701 Emerson Road, Ste. 500	St. Louis	MO	63141

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
Daniel J. Lett	Secretary

Street Address	City	State	Zip
701 Emerson RD., Ste. 500	St. Louis	MO	63141

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Patrick L. Larmon	701 Emerson Road, Ste. 500	St. Louis	MO	63141
Mark Brasher	701 Emerson Road, Ste. 500	St. Louis	MO	63141

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

Agent Name	Address	City	Zip
Corporation Service Company		Warwick	02888
Address			
222 Jefferson Boulevard, Suite 200			

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 1 2 2 3 8 1 [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Mark Brasher 10/03/05
Signature of Authorized Person *Date*

Mark Brasher
Print or Type Name of Authorized Person

[redacted]

File Date 10/12/05
Check No. 038014
By: CXC
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • ***Filing Fee: $50.00***

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No	2. Exact name of the limited liability company
122381	Bunzl Midatlantic, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
MISSOURI	WAREHOUSING AND DISTRIBUTION OF PAPER AND PLASTICS PRODUCTS TO COMMERCIAL BUSINESSES.

5. Principal office address	City	State	Zip
701 Emerson Rd., Ste. 500	St. Louis	MO	63141

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Daniel J. Lett	Secretary

Street Address	City	State	Zip
701 Emerson Road, Ste. 500	St. Louis	MO	63141

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Patrick L. Larmon	701 Emerson Road, Ste. 500	St. Louis	MO	63141
Mark Brasher	701 Emerson Road, Ste. 500	St. Louis	MO	63141

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

Agent Name	Address	City	Zip
CORPORATION SERVICE COMPANY			
222 JEFFERSON BOULEVARD, SUITE 200		WARWICK	02888-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Mark Brasher 9/28/04
Signature of Authorized Person *Date*

[redacted]

Mark Brasher, Manager
Print or Type Name of Authorized Person

File Date 10/25/04
Check No 034709
By: D
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 ● *Filing Fee: $50.00*

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
122381	Bunzl Midatlantic, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Missouri	Warehousing and distribution of paper and plastics products to commercial businesses

5. Principal office address	City	State	Zip
701 Emerson Road, Ste. 500	St. Louis	MO	63141

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Daniel J. Lett	Secretary/General Counsel

Street Address	City	State	Zip
701 Emerson Road, Ste. 500	St. Louis	MO	63141

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE

FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Paul G. Lorenzini	701 Emerson Road, Ste. 500	St. Louis	MO	63141
Mark Brasher	701 Emerson Road, Ste. 500	St. Louis	MO	63141

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

Agent Name	Address	City	Zip
Corporation Service Company	Suite 900	Providence	02903
	170 Westminster Street		

This report must be signed in ink by an authorized person pursuant to 7-16-66.

[redacted] 1 2 2 3 8 1 [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Mark Brasher 9/30/03

Signature of Authorized Person *Date*

Mark Brasher

Print or Type Name of Authorized Person

File Date	10-3-03
Check No.	30758
By:	a

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02