



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001715527

2. Exact Name of the Limited Liability Company INV Performance Surfaces, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

325220

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

MANUFACTURER OF CHEMICAL INTERMEDIATES, POLYMERS AND FIBERS FOR USE
IN
MANUFACTURE OF NYLON, SPANDEX AND POLYESTER PRODUCTS

5. Principal Office Address

No. and Street: 175 TOWN PARK DRIVE
SUITE 300

City or Town: KENNESAW

State: GA

Zip: 30144

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 4123 EAST 37TH STREET NORTH

City or Town: WICHITA

State: KS Zip: 67220 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

MANAGER	KEVIN ROBLES	4123 EAST 37TH STREET NORTH WICHITA, KS 67220 USA
MANAGER	BROCK D. NELSON	4123 EAST 37TH STREET NORTH WICHITA, KS 67220 USA
MANAGER	MAGGIE BIDLINGMAIER	4123 EAST 37TH STREET NORTH WICHITA, KS 67220 USA

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

UNITED AGENT GROUP INC. 10 DORRANCE STREET #700 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 26 Day of October, 2021 at 2:50:53 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 KEVIN ROBLES
Signature of Authorized Person

Form No. 632
Revised 09/07

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