State of Rhode Island	Fee: \$50.00
Office of the Secretary of State	
Division Of Business Services	
148 W. River Street	
Providence RI 02904-2615 (401) 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 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: 2023	
1. ID No. <u>001689346</u>	
2. Exact Name of the Limited Liability Company <u>Tri-Star DEF LLC</u>	
3. State of Formation	
State: <u>DE</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>325199</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
OWNS DEF PLANTS AND BLENDERS ACROSS THE UNITED STATES	
5. Principal Office Address	
No. and Street:5508 LONAS DRIVECity or Town:KNOXVILLEState:TNZip:37909Country:	<u>USA</u>
No. and Street: <u>5508 LONAS DRIVE</u>	<u>USA</u>
No. and Street: 5508 LONAS DRIVE City or Town: KNOXVILLE State: TN Zip: 37909 Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title:	<u>USA</u>
No. and Street: 5508 LONAS DRIVE City or Town: KNOXVILLE State: TN Zip: 37909 Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
No. and Street: 5508 LONAS DRIVE City or Town: KNOXVILLE State: TN Zip: 37909 Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 5508 LONAS DRIVE City or Town: KNOXVILLE State: TN Zip: 37909 Country	
No. and Street: 5508 LONAS DRIVE City or Town: KNOXVILLE State: TN Zip: 37909 Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 5508 LONAS DRIVE	

PROVIDENCE, RI 02914

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 27 Day of March, 2023 at 7:43:16 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 <u>BRADLEY STEINMETZ</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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