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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2022

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



| 1. Entity ID Number | per 2. Exact name of the Limited Liability Company | | | | |
|--|--|--|----------|----------------------|--|
| 000512210 | Milacron Marketing Company LLC | | | | |
| 3. NAICS Code 423830 | 4. Brief description of the character of business conducted in Rhode Island SALES OF PLASTICS PROCESSING MACHINERY AND EQUIPMENT AND RELATED SUPPLIES. | | | | |
| 5 State of Formation 05/28/2009 | | | | | |
| 6. Principal Office Address | . | City | State | Zip | |
| 1 Batesville Boulevard | | Batesville | IN | 47006 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Regan Schmidt | | Contact Title Vice President, General Counsel & Secret | | | |
| Street Address 1 Batesville Boulevard | | City Batesville | State IN | ^{Zip} 47006 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | |
| 9 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. | | | | | |
| Name of Authorized Person | | | Date | Date April 3, 2024 | |
| Regan Schmidt | | | ^*'' | . 5, 2021 | |
| Signature of Authorized Person Regan Schmidt | | | | | |

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 632 - Revised 12/2023