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State of Rhode IslandDepartment of State - Business Services Division

Annual Report for the year:	2025
Limited Liability Company =	

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001776328	MacDermid Graphics Solutions, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Salc of printing plates.				
325992					
5. State of Formation					
Delaware					
6. Principal Office Address		City	State	Zip	
500 Chattahoochee Row NV	chee Row NW Suites B, C and D Atlanta		Georgia	30318	
7. Mailing Address of Limite	d Liability Company and Name or Titl	e of Contact Person			
Contact Name		Contact Title			
Kinga Irzykowska		Junior Legal Counsel			
Street Address 500 CHATTAHOOCHEE ROW NW-SUITES B, C AND D		City ATLANTA	State GA	Zip 30318	
8. The Resident Agent infor	mation currently of record with the RI	Department of State is accur	rate. Changes requir	e filing Form 642.	
9. Under penalty of perjur statements, and that all st	y, I declare and affirm that I have e atements contained herein are true	xamined this report, include and correct.	ling any accompany	ying schedules and	
Name of Authorized Person		Date			
Tom Caplinger		17th July 2025			
Signature of Authorized Per	son				
	tom Caplinger				

FILED

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(B) BY 44006

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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