Si	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
Limited Liability Comp Annual Report Filing Period: September 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: 2019			
1. ID No. <u>000157882</u>			
2. Exact Name of the Limited Liability Company VINCO RESIN SYSTEMS LLC			
3. State of Formation			
State: <u>RI</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.			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
4. Brief Description of the	Character of the Business which	is Actually Conducted in Rh	iode Island
EPOXY FLOORING			
5. Principal Office Addres	S		
No. and Street: <u>865 WILLETT AVENUE</u> City or Town: <u>RIVERSIDE</u> State: <u>RI</u> Zip: <u>02915</u> Country: <u>USA</u>			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: VINCENT GOULART Contact Title: No. and Street: 865 WILLETT AVE City or Town: RIVERSIDE State: RI Zip: 02915 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
MANAGER	First, Middle, Last, Suffix VINCENT GOULART	Address, City or Town, State, Zip 6 865 WILLETT AVE	NUE
		RIVERSIDE, RI 02915- I	JSA

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

VINCENT GOULART <u>865 WILLETT AVENUE</u> <u>RIVERSIDE</u>, <u>RI</u> <u>02915</u>

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

Signed this 20 Day of August, 2019 at 3:47:46 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 VINCENT GOULART

Signature of Authorized Person

Form No. 632 Revised 09/07

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