2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2020
Secretary of State
4982202821CC

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Entity Name: BASANITE INDUSTRIES LLC

Current Principal Place of Business:

2041 NW 15TH AVENUE
POMPANO BEACH, FL 33069

Current Mailing Address:

2041 NW 15TH AVENUE
POMPANO BEACH, FL 33069 US

FEI Number: 35-2639097

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	COO
Name	ANDERSON, DAVID
Address	2041 NW 15TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33069

Title	CFO
Name	BARBERA, ISABELLA
Address	2041 NW 15TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33069

Title	DIRECTOR
Name	NADEAU, GREGORY
Address	2041 NW 15TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33069

Title	DIRECTOR
Name	SALLARULO, PAUL
Address	2041 NW 15TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33069

Title	CEO
Name	KAY, SIMON
Address	2041 NW 15TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33069

Title	DIRECTOR
Name	BARBERA, MICHAEL V
Address	2041 NW 15TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33069

Title	DIRECTOR
Name	PATTERSON, KELLY
Address	2041 NW 15TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33069

Title	DIRECTOR
Name	LORICCO, RONALD J SR.
Address	2041 NW 15TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33069

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ISABELLA BARBERA CFO 06/09/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	DIRECTOR
Name	CLINE, GREGORY D
Address	2041 NW 15TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33069