

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID FX11394	EMPLOYER NAME SOLENIS			
ADDRESS 2475 Pinnacle Drive	CITY/TOWN WILMINGTON	STATE DE	ZIP CODE 19803	

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE	

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)
465612095

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): [Not Applicable](#)

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)
 YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)
 YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

[325998 - All Other Miscellaneous Chemical Product and Preparation Manufacturing](#)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	2	1	17	2	0	0	0	0	7	1	1	0	0	0	31
First/Mid-Level Officials and Managers	7	4	179	8	6	0	1	2	41	6	5	0	0	1	260
Professionals	6	10	253	20	19	1	3	2	122	18	16	0	1	1	472
Technicians	8	0	211	28	4	0	0	4	23	6	1	0	0	2	287
Sales Workers	6	3	215	1	2	0	2	3	40	2	3	0	3	1	281
Administrative Support Workers	2	9	28	13	2	0	0	0	50	25	1	1	0	3	134
Craft Workers	2	0	55	10	0	0	0	0	0	0	0	0	0	0	67
Operatives	11	1	177	90	3	1	3	7	32	10	0	0	0	1	336
Laborers and Helpers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	44	28	1137	172	36	2	9	18	315	68	27	1	4	9	1870
PRIOR 2022 REPORTING YEAR TOTAL	40	25	1025	146	38	3	9	13	289	62	23	1	2	5	1681

SECTION I – WORKFORCE SNAPSHOT PERIOD
10/30/2023 - 11/12/2023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

EMPLOYER IDENTIFICATION

OFS COMPANY ID
FX11394

EMPLOYER NAME
SOLENIS

ADDRESS

2475 Pinnacle Drive

CITY/TOWN

WILMINGTON

STATE

DE

ZIP CODE

19803

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION

6/3/2024 2:23 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Gabriele Pinckney

Title of Certifying Official

Senior Manager, Diversity, Equity & Inclusion

Email Address of Certifying Official

gpinckney@solenis.com

Telephone Number of Certifying Official

706-830-5819

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC

Gabriele Pinckney

Title and Employer of Primary POC

Senior Manager, Diversity, Equity & Inclusion
Solenis

Email Address of Primary POC

gpinckney@solenis.com

Telephone Number of Primary POC

706-830-5819