



State of Rhode Island
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV.
 2023 DEC 11 12:03

Annual Report for the year: 2023

Corporation

- 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 000105313		2. Exact name of the Corporation Gilson, Inc.			
3. Principal Office Address 3000 Parmenter St.			City Middleton	State WI	Zip 53562
4. NAICS Code 334516		6. Brief description of the character of business conducted in Rhode Island Partnering with the scientific community and help researchers advance the pace of discovery by creating instruments and services that improve their results.			
5. State of Incorporation WI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert E. Gilson			Vice-President Name Nicolas Paris		
Street Address 3000 Parmenter St.			Street Address 3000 Parmenter St.		
City Middleton	State WI	Zip 53562	City Middleton	State WI	Zip 53562
Secretary Name Daniel E. Gilson			Treasurer Name Molly Gilson		
Street Address 3000 Parmenter St.			Street Address 3000 Parmenter St.		
City Middleton	State WI	Zip 53562	City Middleton	State WI	Zip 53562
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			501000	STK	0
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Bob Gilson			Date 6/27/23		
Signature of Authorized Representative <i>[Handwritten Signature]</i>			FILED DEC 11 2023 BY 8ZM80		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov