



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SYCS DIV
 2023 DEC 11 P 12:03

Annual Report for the year: 2022
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 12/11/2023

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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