



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 25845		2. Name of Corporation SGS U.S. TESTING COMPANY INC.			
3. Street Address Principal Business Office 201 ROUTE 17 NORTH			City RUTHERFORD	State NJ	Zip 07070
4. Business Phone No. 201-508-3000		5. State of Incorporation NEW YORK			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JEFFREY MC DONALD			Vice President Name STEFAN COMHAIRE		
Street Address 201 ROUTE 17 NORTH			Street Address 12850 MIDDLEBROOK RD		
City RUTHERFORD	State NJ	Zip 07070	City GERMANTOWN	State MD	Zip 20874
Secretary Name BENJAMIN RODRIGUEZ			Treasurer Name PETER ENDER		
Street Address 201 ROUTE 17 NORTH			Street Address 201 ROUTE 17 NORTH		
City RUTHERFORD	State NJ	Zip 07070	City RUTHERFORD	State NJ	Zip 07070
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JEFFREY MC DONALD			Director Name		
Street Address 201 ROUTE 17 NORTH			Street Address		
City RUTHERFORD	State NJ	Zip 07070	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000	COMM	\$5.00 PAR VALUE	66,565		\$5.00
			THIS SECTION MUST BE COMPLETED		

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.

FILED
FEB 9 2008
File Date
Check No. 25007986
By
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including all accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature:
Date: 1/31/08
PETER ENDER
Print or Type Name
TREASURER
Title