



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 2009

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(c), 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. 3901		2. Name of Corporation CENTRAL SCALE COMPANY			
3. Street Address Principal Business Office 2027 ELMWOOD AVENUE			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-467-7500		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island ENGAGING IN THE BUSINESS OF MANUFACTURING, PRODUCING, SELLING AND REPAIRING EQUIPMENT AND PRODUCTS					
7. NAMES AND ADDRESSES OF THE OFFICERS: (<input checked="" type="checkbox"/> X) BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT F. GEISSER			Vice President Name MATTHEW GEISSER, JR.		
Street Address 32 PRINCETON AVENUE			Street Address PO BOX 8549		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name ROBERT F. GEISSER			Treasurer Name MATTHEW GEISSER, JR.		
Street Address 32 PRINCETON AVENUE			Street Address PO BOX 8549		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: (<input checked="" type="checkbox"/> X) BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT F. GEISSER			Director Name MATTHEW GEISSER, JR.		
Street Address 32 PRINCETON AVENUE			Street Address PO BOX 8549		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (<input checked="" type="checkbox"/> X) BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1000	Class/series COMMON	Par Value NO PAR

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.

Robert F. Geisser 1/16/2009
Signature Date
ROBERT F. GEISSER
Print or Type Name
PRESIDENT
Title

File Date: **FILED**
Check No: **JAN 20 2009**
By: [Signature]
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