

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(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

. Corporate ID No.	2. Name of Cor	Populicus			
60222		talytic Systems, Ltd.			
3. Street Address Principal Business Office 207 HIGH POINT AVENUE			PORTSMOUTH	State Rt	<sup>Zip</sup> 02871
4. Business Phone No. 401-683-2070  5. State of Incorporation RHODE ISLAND					
i. Brief Description of the Chara SALE AT WHOLESALE	octer of Business Condu OF CATALYTIC	cted in Rhode Island INDUSTRIAL HEATERS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA OF President Name  Michael J. Chapman			CHMENT)  TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  John Martin		
Street Address PO Box 855, 207 High Point Avenue			Street Address PO Box 855, 207 High Point Avenue		
ார் Portsmouth	State RI	<sup>Ζiρ</sup> 02871	City Portsmouth	State RI	<sup>Zip</sup> 02871
Secretary Name Michael J. Chapman			Treasurer Name Michael J. Chapman		
Street Address PO Box 855, 207 High Point Avenue			Street Address PO Box 855, 207 High Point Avenue		
ouy Portsmouth	State RI	<sup>∠ip</sup> 02871	City Portsmouth	State RI	<sup>Zip</sup> 02871
s. NAMES AND ADDRES  Director Name  Michael J. Chapman	SES OF THE DIR	ECTORS: ("X" BOX FOR ATT	ACHMENT) THIL IN Director Name John Martin	SPACES BEFORE USIN	G ATTACHMENTS
Street Address PO Box 855, 207 High Point Avenue			Street Address PO Box 855, 207 High Point Avenue		
ा <sub>ए</sub> Portsmouth	State RI	<sup>Zip</sup> 02871	City Portsmouth	State RI	<i>Zip</i> 02871
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Сцу	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			100	Common	No Par
This report must be executhis report must be execu	uted on behalf of t ited on behalf of th	he corporation by an authorize ne corporation by the receiver	ed representative. If the coor trustee.	prporation is in the hand	s of a receiver or tru

including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature Michael J. Chapman Print or Type Name Ву: President FOR SECRETARY OF STATE USE ONLY Title