



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 114615		2. Exact name of the limited liability company GE IUSA METERS, LLC			
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island TO SELL AND DISTRIBUTE ELECTROMECHANICAL PRODUCTS			
5. Principal office address 130 MAIN STREET		City SOMERSWORTH		State NH	Zip 03878
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MARK E. BUCHANAN			Contact Title MANAGER		
Street Address PO BOX 2216		City SCHENECTADY		State NY	Zip 12301-2216
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name MARK E. BUCHANAN			Manager Name WILLIAM W. BOOTH		
Street Address 12 CORPORATE WOODS BLVD			Street Address 12 CORPORATE WOODS BLVD		
City ALBANY	State NY	Zip 12301-2216	City ALBANY	State NY	Zip 12301-2216
Manager Name BARBARA A. CAMERON			Manager Name KENNETH J. CONTURSI		
Street Address 12 CORPORATE WOODS BLVD			Street Address 12 CORPORATE WOODS BLVD		
City ALBANY	State NY	Zip 12301-2216	City ALBANY	State NY	Zip 12301-2216
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED	
File Date	SEP 17 2009
Check No.	
By:	By 10002048
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person Date

MARK E. BUCHANAN

Print or Type Name of Authorized Person