

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 2012 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(cord)) is

Some Address See Address See Bellows Street City Warwick State of Incorporation Rhode Island 1. State of Incorporation Rhode Island Rhod	subject to a penalty fee of \$25.0 1. Corporate ID No. 66767	f \$25.00. 2. Name of Corporation GEOTEC, INC.					
4 Butters Please No. 1. Sear of Incorporation 1. Sear of Incorporation	3. Street Address Principal Business Office			City Warwick			
The design, prototype, manufacture and sale of medical devices. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Protection Name NONE Street Address 88 Bellows Street City State Zip State Zip Warwick Ri 02888 City State City State Zip Warwick Street Address Street Address 89 Bellows Street Street Address 89 Bellows Street Street Address 80 Bellows Street Street Address 80 Bellows Street State City State Zip City State	4. Business Phone No. 5. State of Incorporation			Trainor.		02080	
Vice President Name Vice N	6. Brief Description of the Cha	racter of Business Conduc manufacture and s	ted in Rhode Island				
Street Address Street	President Name	SSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	Vice President Name	N SPACES BEFORE USING	ATTACHMENTS	
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Street Address Stre	=======================================		02888	Treasurer Name	RI		
89 Bellows Street State City Warwick Ri D2888 City Warwick Ri D2888				Thomas A. Jellison			
Warwick Ri 02888 Warwick Ri 02888 Warwick Ri 02888 S. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Director Name Street Address Gity State Zip Gity State Zip City State Zip 9. SHARES AUTHORIZED State Zip City 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. FILED Under penalty of perjury, I declare and affirm that I have examined including any accompanying schedules and statements, and that all contained herein are true and correct. FILED Under penalty of perjury, I declare and affirm that I have examined including any accompanying schedules and statements, and that all contained herein are true and correct. FILED Under penalty of perjury, I declare and affirm that I have examined including any accompanying schedules and statements, and that all contained herein are true and correct. FILED Under penalty of perjury, I declare and affirm that I have examined including any accompanying schedules and statements, and that all contained herein are true and correct. FILED Under penalty of perjury, I declare and affirm that I have examined including any accompanying schedules and statements, and that all contained herein are true and correct. FILED Signature Date Thomas A. Jellison Print or Type Name Date Thomas A. Jellison Print or Type Name Date Thomas A. Jellison Print or Type Name President Print or Type Name President Print or Type Name President Print or Type Name Print or				•			
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State Zip City State Zip City State Zip 20. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED State. Changes require an additional filing. See Section 9 of instruction sheet. Number of Shares Class/Series Par Value 100 Common No Par Value 100	Director Name	·····J·····		Director Name	L		
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President	Cneck No.	17710	—			<u>.</u>	
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