



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>605667</b>		2. Exact name of the limited liability company <b>BIOWATER TECHNOLOGY US, LLC</b>			
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of business conducted in Rhode Island <b>WATER TREATMENT SALES</b>			
5. Principal office address <b>2155 DIAMOND HILL ROAD, SUITE 2, MAILBOX 4</b>		City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>LAURA MARCOLINI</b>		Contact Title <b>TECHNICAL DIRECTOR</b>			
Street Address <b>2155 DIAMOND HILL ROAD, SUITE 2, MAILBOX 4</b>		City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	
7. LIST <b>ALL</b> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>TERJE ANDERSON</b>		Manager Name			
Street Address <b>RAMBERGVEIEN 5, 3115</b>		Street Address			
City <b>TØNSBERG</b>	State <b>NORWAY</b>	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**OCT 23 2012**

By *mme*

*CR #1474*

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**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.

*Laura Marcolini*  
Signature of Authorized Person

*10/22/12*  
Date

**LAURA MARCOLINI**

Print or Type Name of Authorized Person