



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.
 Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 3901		2. Exact name of the Corporation CENTRAL SCALE COMPANY			
3. Principal office address 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 ("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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	COMMON	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 30 2013

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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 1-28-13
 Signature of Authorized Representative Date

ROBERT F. GEISSER

Print or Type Name of Authorized Representative