



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 **2013**

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. 686032 | | 2. Exact name of the limited liability company GHA Geophysics, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island To provide consultation regarding applications of noninvasive geophysics and remote sensing to hydrology, geotechnical engineering and lawful business related thereto | | | |
| 5. Principal office address 75 Ash Street | | City Rehoboth | State MA | Zip 02769 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name John F. Hermance | | Contact Title Manager | | | |
| Street Address 75 Ash Street | | City Rehoboth | State MA | Zip 02769 | |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name John F. Hermance | | Manager Name | | | |
| Street Address 75 Ash Street | | Street Address | | | |
| City Rehoboth | State MA | Zip 02769 | 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 07 2013

By *MHC*
CA # 2975

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.

John F. Hermance 10/5/13
 Signature of Authorized Person Date

John F. Hermance
 Print or Type Name of Authorized Person