State of	Rhode Islan Office of th	Fee: \$50.00					
Division Of Business Services 148 W. River Street							
Providence RI 02904-2615							
HOPE	(40	01) 222-304	.0				
Foreign Business Corporat Annual Report	ion						
Filing Period: January 1 - March 1							
In accordance with R.I.G.L. 7-1.2-15 annual report within thirty (30) days (c&d)) is subject to a penalty fee of	after the time pre						
ANNUAL REPORT YEAR: 2015							
1. Corporate ID No. 0007972	235						
2. Name of Corporation <u>GEOBAN, SA</u>							
3. Street Address Principal Busir	ess Office:						
	BENAVENTE	<u>E 2</u>					
City or Town: <u>LAS ROZAS</u>	<u>S MADRID</u>		State: Zip:	<u>28232</u> Cou	ntry: <u>ESP</u>		
4. Business Phone No.							
5. State of Incorporation							
State:							
6. Brief Description of the Chara	cter of Busines	s Conducte	l in Rhode Isl	and			
BACK OFFICE SERVICES							
7. Names and Addresses of the C	Officers and Dire	ectors:					
All officers and directors mus	t be listed.						
Title	Individual Name			Address			
PRESIDENT	First, Middle, Last, Suffix GABRIEL DE ESCALANTE		Address, City or Town, State, Zip Code, Country				
	GABRIEL DE ESCALANTE C JACINTO BENAVENTE 2 YANGUEL LAS ROZAS MADRID 28232 ESP						
8. Shares Authorized and Issued	l						
	Operator of		Der		Total Issued and		
Class of Stock	Series of Stock	Par Value Share	e	uthorized Share	Outstanding		

			Number of Shares	Shares				
No Stock Information available.								
•	ands of a receiv	ver or trustee, th	ation by an authorized represer is report must be executed on I					
or individuals signing thi signatory, under penaltie	is instrument co es of perjury, th pration, and th	onstitutes the aj pat this instrume at the facts stat	L. This electronic signature of the firmation or acknowledgement ent is that individual's act and deed herein are true, as of the data-1.2.	t of the leed or the				
By <u>GABRIEL DE ESCA</u> Signature of Authorize			tion					
This report cannot be listed in section 7.	accepted for fi	iling if an officer	[•] has executed the form and he/	she is not				
Form No. 630 Revised 09/07								
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