Hope	State of Rhode Island and Providence Plantations
	State of Rhode Island and Providence Plantations Department of State - Business Services Division

Annual Report for the year:	2016
Limited Liability Company	

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	Entity ID Number 2. Exact name of the Limited Liability Company								
85732	Ocean State Analytical Services, LLC								
3. State of Formation	Brief description of the character of business conducted in Rhode Island								
Rhode Island	radon testing								
5. Principal Office Address			City	State	Zip				
24 Maureen Drive			Smithfield	RI	02917				
6. Mailing Address of Limited Lia	bility Company a	ind Name or Title	of Contact Person						
Contact Name Josephine L. Sa	ltzman		Contact Title						
Street Address 24 Maureen Drive			City Smithfield	State RI	^{Zip} 02917				
7. List ALL managers (names ar	nd addresses) of	the Limited Liabil	lity Company, IF APPLICABLE - [OO NOT LIST ME	MBERS				
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
Manager Name	<u> </u>	<u></u>	Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
	Check the box to indicate an attachment								
8. Resident Agent in Rhode Islan	id. This information	n is currently of reco	ord in the Department of State. Chang	ges require filing For	m 642.				
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.									
Name of Authorized Person Date									
Josephine L. Saltzman Josephine L. Saltzman Ph.D. 8-7-14									
Signature of Authorized Person SIGN DOCUMENT HERE									

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

