



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

2017 JAN 13 PM 3:03
 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000149828		2. Exact name of the Corporation Smiths Detection Inc.			
3. Principal Office Address 2202 Lakeside Blvd			City Edgewood	State MD	Zip 21040
4. Business Phone Number: 410-612-2503		6. Brief description of the character of business conducted in Rhode Island Electronics & Precision Equipment: Repair and Maintenance			
5. State of Incorporation Nevada					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Gelston			Vice-President Name		
Street Address 2202 Lakeside Blvd			Street Address		
City Edgewood	State MD	Zip 21040	City	State	Zip
Secretary Name Andrea Wilson			Treasurer Name Rick Beers		
Street Address 2202 Lakeside Blvd			Street Address 2202 Lakeside Blvd		
City Edgewood	State MD	Zip 21040	City Edgewood	State MD	Zip 21040
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel Gelston			Director Name		
Street Address 2202 Lakeside Blvd			Street Address		
City Edgewood	State MD	Zip 21040	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		20,000,000.00	CWP	0.0001	
		2,000,000.00	PWP	0.0001	
11. 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. <i>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.</i>					
Name of Authorized Representative RICHARD S. BEERS				Date JAN. 10, 2017	
Signature of Authorized Representative 				Date	

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 13 2017

FORM 630 - Revised: 08/2016

By  293180