RI SOS Filing Number: 201737398420 Date: 3/6/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

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	2. Exact name of the Corporation
1657152	**Essen Instruments, Inc.**

3. Principal Office Address	City	State	Zip
300 W. Morgan Rd	**Ann Arbor**	**MI**	**48108**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
31-33 - Manufacturing	**Sales and Service of Laboratory Instruments**
5. State of Incorporation	
Michigan	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Brett Williams**			Vice-President Name		
Street Address **300 W. Morgan Rd**			Street Address		
City **Ann Arbor**	State **MI**	Zip **48108**	City	State	Zip
Secretary Name **Brad Neagle**			Treasurer Name **Ron Vick**		
Street Address **300 W. Morgan Rd**			Street Address **300 W. Morgan Rd**		
City **Ann Arbor**	State **MI**	Zip **48108**	City **Ann Arbor**	State **MI**	Zip **48108**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Brett Williams**			Director Name **Ron Vick**		
Street Address **300 W Morgan Rd**			Street Address **300 W. Morgan Rd**		
City **Ann Arbor**	State **MI**	Zip **48108**	City **Ann Arbor**	State **MI**	Zip **48108**
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
15,808	**A / Common**	**NPV**
28,607	**B / Preferred**	**NPV**

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.

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 Representative: Brett Williams

Date: 2/28/17

Signature of Authorized Representative: BWilliams

SIGN DOCUMENT HERE

FILED
MAR 6 2017
BY LE 294492

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

FORM 630 - Revised: 02/2017