



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 JAN 24 PM 2:54

Annual Report for the year: 2018
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. NAICS Code 811219 81 - Other Services (except Pul		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 DEAN A HOOD			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 RICHARD S 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 DEAN A HOOD			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		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.						
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 RICHARD S. BEERS				Date JAN 22, 2018		
Signature of Authorized Representative 				SIGN DOCUMENT HERE 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 24 2018
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