

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005 958 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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85732 Ocean State Analytical Services, LLC			С		
3 State of Furmation RHODE ISLAN	4. Brief descri, RADON TE	otion of the character of t	he business which is actually conducted	in Rhode Island	
5 Principal office at 24 MAUREEN I			Cay SMITHFIELD	State RI	Ζφ 02917
6. MAILING AD Contact Name Josephine L		LIABILITY COME	PANY AND NAME OR TITLE Contact Title	OF CONTACT P	ERSON:
Street Address 24 MAUREEN D	RIVE		Cuy SMITHFIELD	State R I	Ζ _Ψ 02917-
Manager Name	FILL IN S	PACES BEFORE USIN	LIMITED LIABILITY COMP RG ATTACHMENTS ("X" BOX F RUIRES FILING OF AMENDMENT, F Manager Name	OR ATTACHMENT)	□ ·
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address		
City	State	Zip	*Cuy	State	Zιp
		!	•Manager Name		
Manager Name			•		
Manager Name Street Address			Street Address		
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Street Address City			•		
Street Address City 8. RESIDENT AG	ENT IN RHODE ISLAN		.City hanges require filing of Fo	orm 642 - R.I.G.L	
Street Address City 8. RESIDENT AG	ENT IN RHODE ISLAN		City hanges require filing of Fo	orm 642 - R.I.G.L	

This report must be signed in ink by an authorized person pursuant to 7-16-66.

**85732	2* 8/28/021:23:54 PM*
File Date	2/06
Check No.	2095
$B_{\underline{Y}}$	B
FOR SECI	RETARY OF STATE USE ONLY

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.

Josephen L Saltzmon 11/28/05
Senature of Authorized Person Date

Josephine L. Saltzman
Print or Type Name of Authorized Person



FOR SECRETARY OF STATE USE ONLY

Edward S. Imman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 💌 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company *85732* Ocean State Analytical Services, LLC 4 Brief description of the character of the business which is actually conducted in Rhode Island RADON TESTING 3 State of Formation RHODE ISLAND 5. Principal office address State Zιρ 24 MAUREEN DRIVE SMITHFIELD RI 02917 6-MATEING ADDRESS: OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: (4. Contact Title Josephine L. Saltzman Street Address Cuy State 24 MAUREEN DRIVE .SMITHFIELD Rl 02917-7-NAME AND ADDRESS OF EACH MANAGER OF THE DIM (TED LIABILITY COMPANY, IF APPLICABLES).

TO THE TOTAL PROPERTY OF THE DIM (TED LIABILITY COMPANY, IF APPLICABLES).

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.7-16-12 (a) (2) / 7-16-52 Manager Name • Manager Name Street Address Street Address City ·Cuv Manager Name Manager Name Street Address ·Street Address City Sinc 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER: Changes, require filing of Form 642. R.I.G. Agent Name Address NICHOLAS A. LAMBROS 30 EXCHANGE TERRACE Address POORE & ROSENBAUM PROVIDENCE 02903-FILED This report must be signed in ink by an authorized person pursuant to 7-16-66. OCT 2 2 2004 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. **85732* 8/28/021:23:54 PM* File Date___ Check No. Josephine L. Saltzman

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 190 North Main Street, Providence, RI 02903-1335 491 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

	PED OR PRINTED IN BI	LACK)					
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	The state st						
3 State of Formation	I RADON TR	iption of the character of	the business which is octually conducte	d in Rhode Island			
RHODE ISLAND		.511NG					
5 Principal office addi		·	City	State	Zφ		
24 MAUREEN DE	RIVE		SMITHFIELD	RI	02917		
6. MAILING ADD	RESS OF LIMITE	LIABILITY COM	PANY AND NAME OR TITLE	ANE CONTACT	DED CAN SHARE THE TANK THE TAN		
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Josephine L.	Saltzman		• •				
Street Address		<u> </u>	City	State	Zφ		
24 MAUREEN DR	IVE		.SMITHFIELD	RI	02917-		
7. NAME AND AD	DRESS OF PACHS	MANACED/OFTU			0231		
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Munager Name	Pil 1804-s Amirika Medienia di Abbiele Ma	وجوا المعالقات والمالية والمالية والمالية والمالية والمالية	• Manager Name	C. C. C. C. 7-10-12 (d)	2777		
			• Manager Ivame				
Street Address		 	·	• Street Address			
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City	State	Zıp	•	- 10			
·,	Same	Ειρ	City	State	Zφ		
Munuger Name	J <i>.</i>			l			
			*Manager Name				
Street Address			Street Address				
			· Sireei Adaress				
Čitj	State	Zip	City	State	Zip		
		'	•	Since	' '''		
8. RESIDENT AGEN	VI IN RHODE ISLAS	ND POO NOT ALTERY O	hanges require filing of F	orm 642 × 11 1/07			
Agent Name	derestrate belieben abberratus bi	A STATE OF THE PARTY OF THE PAR	Address	College Service (Service)	AND THE STATE OF T		
NICHOLAS A. LA	MBROS		30 EXCHANGE TE	מסאמים			
Address							
	Davis		ļ ·	Cdy Zap			
POORE & ROSEN	BAUM		PROVIDENCE		02903-		
			-				

This report must be signed in ink by an authorized person pursuant to 7-16-66.





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- 2	-
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**85732* 8/28/021:23:54 PM*

File Date 10 27 03

Check No 2016

By 2c

FOR SECRETARY OF STATE USE ONLY

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.

Josephens L. Seltymer 10-16-03

Josephine L. Saltzman
Print or Type Name of Authorized Person



Filing Period: September 1 - November 1 • Filing Fee: \$50.00

Mate

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Zio

Zip

02903-

State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

(FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company *85732* Ocean State Analytical Services, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **RHODE ISLAND** 5. Principal office address State Čitv 24 MAUREEN DRIVE SMITHFIELD RI 02917 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JOSEPHINE L SALTZMAN Street Address State Zio 24 MAUREEN DRIVE SMITHFIELD RI 02917-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address · Street Address City State Zip *City State Manager Name Manager Name

Street Address

.Cin

Address

PROVIDENCE

City

30 EXCHANGE TERRACE

8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-13

This report must be signed in ink by an authorized person pursuant to 7-16-66.

85732 DLI	C10/31/02	11:21;17	AM
File Date		3//20	907
Check No.		<u>.</u>	
By:		183	

Street Address

Agent Name

Address

NICHOLAS A. LAMBROS

POORE & ROSENBAUM

City

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.

| Saltzman | 10 | 31 | 02 |
| Signatura of Authorized Person | Date |
| Print or Time Name of Authorized Person |
| Print or Time Name of Authorized Person |

Form 632 Rev. 6/02

Check No.:

By:

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

•	ITED LIABILITY COMPANY
732	Annual Report for the year 2001
mited liability company is	y:
tical Services, LLC	
principal office of the lim	nited liability company is:
ive; Smithfield, R	<u>1 02917</u>
urisdiction under the law	s of which it is formed is RHODE ISLAND
	t is: NICHOLAS A. LAMBROS
E WEST WARWICK RI	02893
address of the limited li	iability company and the name or title of a person to whom communications
e:Josephine L. S	
ive; Smithfield, F	RI 02917
of the character of the t	business in which the limited liability company is actually engaged in this
n Radon testing and	d any and all lawful bussiness authorized under Rhode
company has managers	s, the name and address of each manager of the limited liability company Address
_	
	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.
	Ocean State Analytical Services, LLC
3 2 17 [] 17 []	Exact Name of Limited Liability Company
TIPOSE ONLY	By Josephie L. Saltyman Ph.D.
	mited liability company is tical Services, LLC principal office of the linity; Smithfield, Rurisdiction under the law ress of its resident agent EWEST WARWICK RU address of the limited le: Josephine L. Sive; Smithfield, lof the character of the madon testing and company has managerine

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Josephine L. Saltzman, Member

Form No. 632 Revised 01/99

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number	DLLC 85732
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Annual Report for the year 2000

			
1.	The name of the limited liability compa	any is:	
	Ocean State Analytical Services, LLC		
2.	The address of the principal office of	ine ilmited ilability company is:	
	24 Maureen Drive, Smith	field, RI 02917	
3.	The state or other jurisdiction under the	ne laws of which it is formed is RHODE ISLAND	
4.	The name and address of its resident	agent is: NICHOLAS A. LAMBROS	
	50 TRELLIS DRIVE WEST WARWIC	CK RI 02893	
5.	The current mailing address of the lin	nited liability company and the name or title of a person to whom	communications
	may be directed are: Josephine	L. Saltzman	
	24 Maureen Drive; Smith	field, RI 02917	
6.	A brief statement of the character o	f the business in which the limited liability company is actually	engaged in this
		sting and any and all lawful business a	uthorized
under Rhode Island law. 7. If the limited liability company has managers, the name and address of each manager of the limited liab Name Address			ability company
Da	ated <u>Oct. 19, 3000</u>	Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and that all statements contained herein are true and correct	statements, and
	8 5 7 3 2	Ocean State Analytical Services, Exact Name of Limited Liability Company	LLC
File	FOR SECRETARY OF STATE USE ONLY Date: 10-25-00	By Josephene L. Saltymon	
Che	eck No.: 1078	Josephine L. Saltzman, Member Tite	
Rv	· AME		Form No. 632 Revised 01/99

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

	Lif	MITED LIABILITY COMPANY		
ID	Number LL 85732	Annual Report for the year 1999		
1.	The name of the limited liability company	is:		
	Occan State Analytical Services, LLC			
2.	The address of the principal office of the	limited liability company is:		
	24 Maureen Drive, Smithf	ield, RJ 02917		
3.	The state or other jurisdiction under the I	aws of which it is formed is RHODE ISLAND		
4.	The name and address of its resident agent is: NICHOLAS A. LAMBROS			
	50 TRELLIS DRIVE WEST WARWICK	, RI 02893		
5.	The current mailing address of the limite	d liability company and the name or title of a person to whom communications		
	may be directed are: PO Box 173	44, Smithfield, RI 02917		
		L. Saltzman		
6.		ne business in which the limited liability company is actually engaged in this		
		pproved water analysis, EMF testing		
7.		gers, the name and address of each manager of the limited liability company Address		
D	ated	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. Ocean State Analytical Services, LLC		
	* 8 5 7 3 2 * FOR SECRETARY OF STATE USE ONLY	Exact Name of Limited Liability Company		
Fil	le Date: 10-19-99	By Gosephine of Buttymen. Member		
Cł	neck No.: 1027	Title		
_	AMC	Form No. 632 Revised 01/99		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number LL 85732	Annual Report for the year 1998			
1.	The name of the limited liability comp Ocean State Analytical Services, LLC				
2.	The address of the principal office of the limited liability company is: 24 Maureen Drive, Smithfield, RI 02917				
3. 4.	·	the laws of which it is formed is RHODE ISLAND It agent is: NICHOLAS A. LAMBROS ICK, RI 02893			
5.	-	the limited liability company and the name or title of a person to whom by PO Box 17344 Smithfield, RI 02917 Josephine L. Saltzman, MEMBER			
6.	6. A brief statement of the character of the business in which the limited liability company is actually engaged in the To engage in the business of radon testing, EPA approved state: water analysis, EMF testing, and such other lawful				
7.	businesses as may If the limited liability company has m Name	be determined by the members and side of the limited liability company analysis, the name and address of each manager of the limited liability company Address			
Da	ted <u>Oct. 30</u> , 19 <u>98</u>	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. Ocean State Analytical Services, LLC			
— File	* 8 5 7 3 2 * FOR SECRETARY OF STATE USE ONLY Date: 11/2/98	Exact Name of Limited Liability Company			
Che By:	ck No.: 546 Off	Title Form No. LLC-19			



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID	Number 0085732	Annual Report for the year1997		
1.	The name of the limited liability company	is:		
	Ocean State Analytical Se	rvices, LLC		
2.	The address of the principal office of the li	imited liability company is:		
	24 Maureen Drive, Smithfield,	RI 02917		
3.	The state or other jurisdiction under the la	ws of which it is formed is: Rhode Island		
4.	The name and address of its resident age	ntis: Nicholas A. Lambros, 50 Trellis Drive, West Warwick		
		Rhode Island 02893		
5 .	The current mailing address of the lin	mited liability company and the name or title of a person to whom		
	communications may be directed are:	P.O. Box 17344, Smithfield, RI 02917		
		(Josephine L. Saltzman)		
6. A brief statement of the character of the business in which the limited liability company is actually engaged in To engage in the business of radon testing, Environmental Protection Agency (E state: approved water analysis, electromagnetic field testing (EMF), and such other 1 businesses as may from time to time be determined by the members.				
7.	If the limited liability company has mar	nagers, the name and address of each manager of the limited liability		
	company Name	Address		
Da	nted Oct. 26 . 19 97 FILED OCT 29 1991 OCT 29 1991	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. Ocean State Analytical Services, LLC Exact Name of Limited Liability Company By Josephine L. Saltzman Member Hers. Aware.		

To be filed annually between September 1 and November 1

State of Rhode Island and Providence Plantations Office of the Secretary of State Corporation Division 100 North Main Street Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D.# 85732

Annual Report for the year 1996

FIRST:	The name of the limited liability company is: Ocean State Analytical Services, LLC
	The address of the principal office of the limited liability company is:
	24 Maureen Drive, Smithfield, RI 02917
THIRD:	The state or other jurisdiction under the laws of which it is formed is: Rhode Island
	The name and address of its resident agent is:
FOURTH.	Nicholas A. Lambros, 50 Trellis Drive, West Warwick, RI
FIFTH	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:
	P.O. Box 17344, Smithfield, RI 02917
	Josephine L. Saltzman
CIVTL	H: A brief statement of the character of the business in which the corporation is actually engaged in this state:
SIAIT	To engage in the business of radon testing, Environmental Protection Agency
	other business as may from time to time be determined by the members.
Dated	19 Ocean State Analytical Services, LLC Exact Name of Limited Liability Company
File Date	2
	By Josephine L. Aultgreen By Josephine L. Aultgreen Title Pres. / Durner
Ву:	
For S	ACTRIATY OF STATE USE ONLY
	PAID

OCT 2 5 1998 SECTY OF STATE OK# 400

FORM LLC-19 7/95