



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

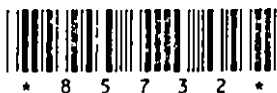
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No. *85732*		2 Exact name of the limited liability company Ocean State Analytical Services, LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island RADON TESTING	
5 Principal office address 24 MAUREEN DRIVE		City SMITHFIELD	State RI
		Zip 02917	
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Josephine L. Saltzman		Contact Title	
Street Address 24 MAUREEN DRIVE		City SMITHFIELD	State RI
		Zip 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) <input type="checkbox"/> 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	Zip	City	State
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NICHOLAS A. LAMBROS		Address 30 EXCHANGE TERRACE	
Address POORE & ROSENBAUM		City PROVIDENCE	Zip 02903-

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



* 8 5 7 3 2 *

**85732* 8/28/021:23:54 PM*	
File Date	2/22/06
Check No.	2095
By	<i>[Signature]</i>
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.

Josephine L. Saltzman 11/28/05
Signature of Authorized Person Date
Josephine L. Saltzman
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 85732		2. Exact name of the limited liability company Ocean State Analytical Services, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RADON TESTING			
5. Principal office address 24 MAUREEN DRIVE		City SMITHFIELD	State RI Zip 02917		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Josephine L. Saltzman		Contact Title			
Street Address 24 MAUREEN DRIVE		City SMITHFIELD	State RI Zip 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 <input type="checkbox"/>					
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	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER Changes require filing of Form 642 R.I.G.L. 7-16-11					
Agent Name NICHOLAS A. LAMBROS		Address 30 EXCHANGE TERRACE			
Address POORE & ROSENBAUM		City PROVIDENCE	Zip 02903-		

FILED

OCT 22 2004

By Yunc
C48317

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



* 8 5 7 3 2 *

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

File Date _____

Check No. _____

By _____

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.

Josephine L. Saltzman 10-21-04
Signature of Authorized Person Date
Josephine L. Saltzman
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No *85732*		2 Exact name of the limited liability company Ocean State Analytical Services, LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island RADON TESTING	
5 Principal office address 24 MAUREEN DRIVE		City SMITHFIELD	State RI
		Zip 02917	
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name Josephine L. Saltzman		Contact Title	
Street Address 24 MAUREEN DRIVE		City SMITHFIELD	State RI
		Zip 02917-	
7 NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE			
FILE IN SPACES BEFORE USING ATTACHMENTS. ATTACH BOX FOR ATTACHMENT LIST.			
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
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
8 RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER: Changes require filing of Form 642. R.I.G.L. 7-16-11			
Agent Name NICHOLAS A. LAMBROS		Address 30 EXCHANGE TERRACE	
Address POORE & ROSENBAUM		City PROVIDENCE	Zip 02903-

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



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

File Date 10-27-03

Check No 2016

By 2

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.

Josephine L. Saltzman 10-16-03
Signature of Authorized Person Date

Josephine L. Saltzman
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *85732*		2. Exact name of the limited liability company Ocean State Analytical Services, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RADON TESTING	
5. Principal office address 24 MAUREEN DRIVE		City SMITHFIELD	State RI Zip 02917
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPHINE L SALTZMAN		Contact Title	
Street Address 24 MAUREEN DRIVE		City SMITHFIELD	State RI Zip 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) <input type="checkbox"/> 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
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NICHOLAS A. LAMBROS		Address 30 EXCHANGE TERRACE	
Address POORE & ROSENBAUM		City PROVIDENCE	Zip 02903-

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



* 8 5 7 3 2 *

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 DLLC10/31/0211:21:17 AM
File Date <u>10/31/2002</u>
Check No. _____
By: <u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY

Josephine L. Saltzman 10/31/02
Signature of Authorized Person Date
Josephine L. Saltzman
Print or Type Name of Authorized Person

Filing Fee: \$50.00

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

Annual Report for the year 2001

1. The name of the limited liability company is:

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. The state or other jurisdiction under the 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 WARWICK RI 02893

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Josephine L. Saltzman

24 Maureen Drive; Smithfield, RI 02917

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to perform Radon testing and any and all lawful bussiness authorized under Rhode Island law.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
_____	_____
_____	_____
_____	_____

Dated _____

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.



8 5 7 3 2

Ocean State Analytical Services, LLC
Exact Name of Limited Liability Company

By Josephine L. Saltzman Ph.D.

Josephine L. Saltzman, Member
Title

FOR SECRETARY OF STATE USE ONLY
File Date: **FILED**

Check No.: OCT 17 2001

By: SC 86
CK 7 1135

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at (401) 222-3040.

Filing Fee: \$50.00

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

Annual Report for the year 2000

1. The name of the limited liability company is:

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. The state or other jurisdiction under the 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 WARWICK RI 02893

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Josephine L. Saltzman

24 Maureen Drive; Smithfield, RI 02917

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To perform Radon testing and any and all lawful business authorized under Rhode Island law.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated Oct. 19, 2000



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

Josephine L. Saltzman, Member

Title

FOR SECRETARY OF STATE USE ONLY

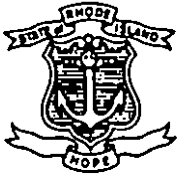
File Date: 10-25-00

Check No.: 1078

By: BMF

Form No. 632
Revised 01/99

**To be filed annually between
September 1 and November 1**



LIMITED LIABILITY COMPANY

Annual Report for the year 1999

1. The name of the limited liability company is:
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. The state or other jurisdiction under the 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 WARWICK, RI 02893
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: PO 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 this state: Radon Testing, EPA approved water analysis, EMF testing
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Dated



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 _____

Member

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 10-19-99

Check No.: 1027

Amc

Filing Fee: \$50.00

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 LL 85732

Annual Report for the year 1998

1. The name of the limited liability company is:

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. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: NICHOLAS A. LAMBROS

50 TRELIS DRIVE WEST WARWICK, RI 02893

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: PO Box 17344 Smithfield, RI 02917

Josephine L. Saltzman, MEMBER

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To engage in the business of radon testing, EPA approved water analysis, EMF testing, and such other lawful

businesses as may be determined by the members.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated Oct. 30, 19 98



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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
Pres. - Owner

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 11/2/98

Check No.: 566

By: af

Form No. LLC-19
Revised 8/97

DETACH BOTTOM BEFORE RETURNING

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number 0085732

Annual Report for the year 1997

1. The name of the limited liability company is:

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. The state or other jurisdiction under the 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 Warwick,
Rhode Island 02893

5. 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)

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to engage in the business of radon testing, Environmental Protection Agency (EPA) approved water analysis, electromagnetic field testing (EMF), and such other lawful businesses as may from time to time be determined by the members.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated Oct. 26, 19 97

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

Title

Pres. Owner

FILED
OCT 29 1997
BY [Signature]
CIT [Signature]

Filing Fee: \$50.00

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

SECOND: 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

FOURTH: The name and address of its resident agent is:

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

SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state:

To engage in the business of radon testing, Environmental Protection Agency
(EPA) approved water analysis, electromagnetic field (EMF) testing, and such
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: _____

Check No: _____

By: _____

For Secretary of State Use Only

By: Josephine L. Saltzman
To be signed in the manner required by the home state.
Title: Pres. / Owner

PAID
OCT 25 1996
SECY OF STATE
CK# 400 22