



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No. 117337		2. Exact name of the limited liability company International Water Associates, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OPERATE A WATER PURIFICATION AND TESTING BUSINESS			
5. Principal office address 301 NOOSENECK HILL ROAD		City WYOMING	State RI	Zip 02898-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LAWRENCE CASEY		Contact Title <i>Authorized Member</i>			
Street Address 301 NOOSENECK HILL ROAD		City WYOMING	State RI	Zip 02898-	
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"/> D 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 GENE M. CARLINO, ESQ.		Address 410 SOUTH MAIN STREET			
Address		City PROVIDENCE	Zip 02903		

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2006 DEC 13 AM 11:13

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



1 1 7 3 3 7

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.

Lawrence Casey
Signature of Authorized Person
Date 9/11/2006
Print or Type Name of Authorized Person
Lawrence Casey

117337 FLLC 08/04/06 01:16:14 PM

File Date **FILED**

Check No. DEC 13 2006

By: CXC 27-9952

FOR SECRETARY OF STATE USE ONLY



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

Matthew A. Brown, 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. 117337		2. Exact name of the limited liability company International Water Associates, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OPERATE A WATER PURIFICATION AND TESTING BUSINESS	
5. Principal office address 301 NOOSENECK HILL ROAD		City WYOMING	State RI
		Zip 02898-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LAWRENCE CASEY		Contact Title	
Street Address 301 NOOSENECK HILL ROAD		City WYOMING	State RI
		Zip 02898-	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 GENE M. CARLINO, ESQ.		Address 410 SOUTH MAIN STREET	
Address		City PROVIDENCE	Zip 02903-

FILED

MAY 26 2005

By KMC

CC 7078

SECRETARY OF STATE
CORPORATIONS DIV
MAY 26 PM 12:14

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



1 1 7 3 3 7

117337 FLLC 05/26/05 12:01:31 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.

Lawrence C Casey 5/26/05
Signature of Authorized Person Date

LAWRENCE C CASEY
Print or Type Name of Authorized Person



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

Matthew A. Brown, Secretary of State
Corporations Division
100 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. 117337		2. Exact name of the limited liability company International Water Associates, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OPERATE A WATER PURIFICATION AND TESTING BUSINESS			
5. Principal office address 301 NOOSENECK HILL RD.		City WYOMING	State RI	Zip 02898-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LAWRENCE CASEY			Contact Title Authorized Member		
Street Address 301 NOOSENECK HILL ROAD		City WYOMING	State RI	Zip 02898-	
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 GENE M. CARLINO, ESQ.		Address 410 SOUTH MAIN STREET			
Address		City PROVIDENCE	Zip 02903-		

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



1 1 7 3 3 7

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.

Lawrence Casey
Signature of Authorized Person Date

Lawrence Casey

Print or Type Name of Authorized Person

117337 FLLC 09/05/03 12:25:01 PM
File Date 9.24.03
Check No. 2172
By: LC
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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 117337		2. Exact name of the limited liability company International Water Associates, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OPERATE A WATER PURIFICATION AND TESTING BUSINESS.			
5. Principal office address 301 NOOSENECK HILL ROAD		City WYOMING	State RI	Zip 02898	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LAWRENCE CASEY			Contact Title AUTHORIZED MEMBER		
Street Address 301 NOOSENECK HILL ROAD		City WYOMING	State RI	Zip 02898	
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 GENE M. CARLINO, ESQ.			Address		
Address 410 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903-		

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



* 1 1 7 3 3 7 *

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

File Date 10.21.02
Check No. 2334
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] 10/8/02
Signature of Authorized Person Date
LAWRENCE & CASEY
Print or Type Name of Authorized Person