

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.	2 Freet name of the li	ict nume of the limited liability company							
129755	Geo-Instruments								
3. State of Formation	4. Brief descri	4. Brief description of the character of the husiness which is actually conducted in Rhode Island							
RHODE ISLAND									
5. Principal office addi	neco.		City	State	Zip				
313 MAIN STREET, SUITE D			WAKEFIELD	RI	02879-				
6. MAILING ADD	RESS OF LIMITED	LIABILITY COMP	PANY AND NAME OR TITLE	I. F. OF CONTACT PE	PSON:				
Contact Name	aut 112686	-	Contact Title						
PIERRE GOUVI	IN TO THE REPORT OF THE REPORT		OWNER	: OWNER					
Street Address		_	City	State	Zip				
313 MAIN STRE	313 MAIN STREET, SUITE D			RI	02879-				
lanager Name  treet Address			• Manager Name • • • • • • • • • • • • • • • • • • •	• Manager Name • • • • • • • • • • • • • • • • • • •					
City	State	Zip	City	State	Zip				
Manager Name	J <i>.</i>		Manager Name						
Sirret Address			· Street Address						
City	State	Zip	City	State	Zap				
8. RESIDENT AGE:	j NT IN RHODE ISLAN	l ID-DO NOT ALTER- C	hanges require filing of f	 	 7-16-11				
igeni Name			Address						
PIERRE GOUVIN	1		313 MAIN STREE	313 MAIN STREET, SUITE D					
Address			City	·	Zφ				
		WAKEFIELD	Į	02879-					

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



*129755 E	DLLC 05/23/06 12:14:45 PM*
File Date	0/8/00
Check No.	5822
Ву;	R
FOR SECRE	TARY 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.

Senuale of Authorized Person

5/22/0 C

Pierre W. Govin

Form 632 Rev. 12/05



## 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

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 (FORM MUST BE TYPED OR P		Filing Fee: \$50.00	BREIGHTON				
129755 Geo-	t name of the limited lia Instruments, LLC						
3 State of Formation	_		s which is actually conducted in Rho				
RHODE ISLAND	Sales	and re	search & d	ereli	pment		
5. Principal office address	tirme o		City	State	Zip		
313 MAIN STREET, S			WAKEFIELD	RI	02879-		
Contact Name	OF LIMITED LIAB	ILITY COMPANY AN	O NAME OR TITLE OF C	ONTACT P	ERSON:		
Pierre C	Souvin		owner				
Street Address 313 Main S	treet. Su	ite. D	· wakefield	State R1	0287°	9	
	OF EACH MANA	GER OF THE LIMIT	ED LIABILITY COMPANY	, IF APPLIC	_	_'_	
	FILL IN SPACES	BEFORE USING ATTAC	CHMENTS ("X" BOX FOR AT	TACHMENT)			
Manager Name	ODWICKHORS TO MA	AMAGERS REQUIRES FI	LING OF AMENDMENT. R.LG.L  • Manager Name	7-16-12 (a) (2		—	
frewe Go	IVIN	Ohl dy	•		AUG	•	
Street Address			Street Address		<del></del>		
513 Man	2 5 7 EC	- Sorte D	<u> </u>	10	<u> </u>		
Waternet	State	Zip 7 - 7	*City	State	沙宝	٠.	
Manager Name	7		Manager Name	1		••••	
Street Address			*Street Address	<del></del>	<u></u>	1	
Спу	State	Zip	•City	State	Zip		
0 DECIDENT ACENT IN D	WORE ISLAND TO	1	•	<u> </u>			
Agent Name	HODE ISLAND -DO	NUI ALIEN- Change:	require filing of Form (	42 - R.I.G.L.	7-16-11		
PIERRE GOUVIN			313 MAIN STREET, SUITE D				
Address			City	Zip			
	<u></u>		WAKEFIELD		02879-	_	
This report must be signed	I in ink by an auth	vorized person pursua	nt to 7-16-66.		SEC		
1 2 5	7 5 5		Under penalty of perjury, I	declare and a	offirm that I have examined		
*129755 DLLC 0 70 As File Date AUG 1 Check No.	6 2005		this report, including any a and that affistatements con	ccompanying tained herein	schedules and statements,		
FOR SECRETARY OF STATE 1	ISE ONLY () AA		Print or Type Name of Author	rized Person			