



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. 129755		2. Exact name of the limited liability company Geo-Instruments, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SALES AND RESEARCH AND DEVELOPMENT	
5. Principal office address 313 MAIN STREET, SUITE D		City WAKEFIELD	State RI Zip 02879-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name PIERRE GOUVIN <i>not 5/22/06</i> Street Address 313 MAIN STREET, SUITE D City WAKEFIELD State RI Zip 02879- Contact Title OWNER			
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 PIERRE GOUVIN		Address 313 MAIN STREET, SUITE D	
Address		City WAKEFIELD	Zip 02879-

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



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129755 DLLC 05/23/06 12:14:45 PM	
File Date	<i>6/8/06</i>
Check No.	<i>5822</i>
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.

[Signature] *5/22/06*
Signature of Authorized Person Date
Pierre W. Gouvin
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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 129755		2. Exact name of the limited liability company Geo-Instruments, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Sales and research & development	
5. Principal office address 313 MAIN STREET, SUITE D		City WAKEFIELD	State RI
		Zip 02879-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Pierre Gouvin		Contact Title Owner	
Street Address 313 Main Street, Suite D		City Wakefield	State RI
		Zip 02879	
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 Pierre Gouvin		Manager Name	
Street Address 313 Main Street Suite D		Street Address	
City Wakefield	State RI	City	State
Zip 02879		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 PIERRE GOUVIN		Address 313 MAIN STREET, SUITE D	
Address		City WAKEFIELD	Zip 02879-

05 AUG 16 AM 11:11

05 AUG - 3 PM 1:14

SECRETARY OF STATE
CORPORATIONS DIVISION

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



1 2 9 7 5 5

129755 DLLC 070705 12:01 AM

FILED

File Date AUG 16 2005

Check No. BY M-74860

By: [Signature]

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.

[Signature] 7/5/05
Signature of Authorized Person Date

Pierre W. Gouvin
Print or Type Name of Authorized Person