

Matthew A. Brown, Secretary of State Carporations 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) 2. Exact name of the limited liabilty company 1. ID No. 130878 **CEMS Compliance Services LLC** 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation Environmental Instrumentation Services Rhode Island Zip 5. Principal office address Rhode Island 02914 East Providence 64 Tower Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title .President Wade Diehl City State ZipStreet Address .East Providence Rhode Island 02914 64 Tower Avenue 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 Sircei Address State Zip City Zin City State Manager Name Manager Name Sireei Address Street Address .City State State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.J.G.L. 7-16-11 igent Nume Address Wade Diehl Zip City Address East Providence 02914 64 Tower Avenue

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



Check No. 318

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.

Wal a Diele 11-8-2005

WADE A. DIEHL 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

100 North Main Street Providence, RI 02903-1335

401.222.3040

Corporations Division

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2004

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6. MAILING ADDRE	SS OF LIMITED LIABILI	TY COMPANY AN	D NAME OR TITLE OF CONTACT PI		·						
Contact Name WADE DIEHL			Contact Title PRESIDEN	Contact Title PRESIDENT							
Sircei Address 219 0				City NARLACAPSETT State PT State PJ							
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Manager Name			Manager Name	Manager Name							
Street Address			Sireei Address	Sirvet Address							
City	State	Zip	City:	State	Zip						
Manager Name			Manager Name	Manager Name :							
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City	State	Zip	City	State	Zip						
Agent Name	T IN RHODE ISLAND - I	O NOT ALTER - (Changes require filing of Form 64	2 - R.I.G.L. 7-16-1	1						
WADE DIEHL											
Address			City	l *	Zip						
219 OCEAN ROAD			NARRAGANSETT	0	02882-						

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

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File Date 9/8/04
Check No 26 (
B):DA
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.

Wach a. Diel 9-7-2004
Signature of Authorized Person Date

WADE A. DIEHL
Print or Type Name of Authorized Person