



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 130878		2. Exact name of the limited liability company CEMS Compliance Services LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Environmental Instrumentation Services			
5. Principal office address 64 Tower Avenue		City East Providence	State Rhode Island	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Wade Diehl		Contact Title President			
Street Address 64 Tower Avenue		City East Providence	State Rhode Island	Zip 02914	
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 Wade Diehl		Address			
Address 64 Tower Avenue		City East Providence	Zip 02914		

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



1 3 0 8 7 8

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.

Wade A. Diehl 11-8-2005  
Signature of Authorized Person Date  
WADE A. DIEHL  
Print or Type Name of Authorized Person

File Date	11/10/05
Check No.	378
By:	<u>Wade Diehl</u>
FOR SECRETARY OF STATE USE ONLY	



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# 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. 130878		2. Exact name of the limited liability company CEMS Compliance Services LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ENVIRONMENTAL INSTRUMENTATION SERVICE			
5. Principal office address 219 OCEAN ROAD		City NARRAGANSETT		State RI	Zip 02882
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name WADE DIEHL			Contact Title PRESIDENT		
Street Address 219 OCEAN ROAD		City NARRAGANSETT		State RI	Zip 02882
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 WADE DIEHL			Address		
Address 219 OCEAN ROAD			City NARRAGANSETT	Zip 02882	

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



File Date	9/8/04
Check No.	261
By:	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.

Wade A. Diehl 9-7-2004  
Signature of Authorized Person Date  
WADE A. DIEHL  
Print or Type Name of Authorized Person