



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. 121490		2. Exact name of the limited liability company Ocean State Meter, Service & Supply, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island WATER METER SALES, SERVICE AND LIMITED OTHER WATER RELATED SALES PRODUCT	
5. Principal office address 280 Front St.		City Lincoln	State RI
			Zip 02805
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Judith K Randall		Contact Title President	
Street Address 280 Front St.		City Lincoln	State RI
			Zip 02805
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)			
Manager Name Paul D. Randall		Manager Name	
Street Address 280 Front St (2nd Fl)		Street Address	
City Lincoln	State RI	City	State
Zip 02805		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 RICHARD K. FOSTER, ESQ.		Address	
Address 1064 GREAT ROAD		City LINCOLN	Zip 02865

05 OCT 27 AM 11:33
 SECRETARY OF STATE
 CORPORATIONS DIVISION

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



FILED *121490*

File Date OCT 27 2005

Check No. By M 809-59

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.

Judith K Randall Oct 26, 2005
 Signature of Authorized Person Date

Judith K Randall 10/26/05
 Print or Type Name of Authorized Person



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. 121490		2. Exact name of the limited liability company Ocean State Meter, Service & Supply, LLC	
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island WATER METER SALES, SERVICE AND LIMITED OTHER WATER RELATED SALES PRODUCT	
5. Principal office address 67 Rockledge Rd.		City Lincoln	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Judith A. Randall		Contact Title President	
Street Address		City	State
			Zip
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 Paul D. Randall		Manager Name	
Street Address 67 Rockledge Rd.		Street Address	
City Lincoln	State RI	City	State
	Zip 02865		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 RICHARD K FOSTER ESQ		Address	
Address 1064 GREAT ROAD		City LINCOLN	Zip 02865

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



* 1 2 1 4 9 0 *

File Date	9/14/04
Check No	488
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

Judith A. Randall 9/12/04
Signature of Authorized Person Date
Judith A. Randall 9/12/04
Print or Type Name of Authorized Person



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: 121490		2 Exact name of the limited liability company Ocean State Meter, Service & Supply, LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island WATER METER SALES, SERVICE AND LIMITED OTHER WATER RELATED SALES PRODUCT	
5 Principal office address 67 Rockridge Rd		City Lincoln	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
4 Contact Name Same as above		5 Contact Title Judith Randall, President	
Street Address		City	State
		Zip	
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 Judith L Randall		Manager Name	
Street Address 67 Rockridge Rd		Street Address	
City Lincoln	State RI	City	State
	Zip 02865	Zip	
Manager Name Paul D Randall		Manager Name	
Street Address 67 Rockridge Rd		Street Address	
City Lincoln	State RI	City	State
	Zip 02865	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 RICHARD K. FOSTER, ESQ.		Address	
Address 1064 GREAT ROAD		City LINCOLN	Zip 02865

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



* 1 2 1 4 9 0 *

File Date 9-8-03
Check No. 367
By ai

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.

Judith L Randall
Signature of Authorized Person Date 9-6-03
Judith L Randall
Print or Type Name of Authorized Person



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. 121490		2. Exact name of the limited liability company Ocean State Meter, Service & Supply, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island WATER Meter SALES, service and limited other ^{water related sales} _{Produce}			
5. Principal office address 67 Rockridge Rd		City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Judith L. Randau		Contact Title President			
Street Address 67 Rockridge Rd		City Lincol.	State RI	Zip 02865	
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 Paul P. Randau		* Manager Name			
Street Address Same as above		* 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 RICHARD K. FOSTER, ESQ.		Address			
Address 1064 GREAT ROAD		City LINCOLN	Zip 02865		

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



File Date 9-4-02
Check No. 173
By: ac
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 of Authorized Person: Judith L. Randau 8/31/02
Date: 8/31/02
Print or Type Name of Authorized Person: Judith L. RANDAU