



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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 118990		2. Name of Corporation METRITEL, Inc.			
3. Street Address 1649 Stony Lane		City North Kingstown		State RI	Zip 02852
4. Business Phone No. 295-1120		5. State of Incorporation RHODE ISLAND			6. SIC Code 1115
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE WIRELESS TELEMETRY EQUIPMENT AND SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mark W. Bowen			Vice President Name None		
Street Address 1649 Stony Lane			Street Address		
City North Kingstown		State RI	Zip 02852	City State Zip	
Secretary Name Mark W. Bowen			Treasurer Name Mark W. Bowen		
Street Address 1649 Stony Lane			Street Address 1649 Stony Lane		
City North Kingstown		State RI	Zip 02852	City North Kingstown	
State RI		Zip 02852	State RI		Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mark W. Bowen			Director Name None		
Street Address 1649 Stony Lane			Street Address		
City North Kingstown		State RI	Zip 02852	City State Zip	
Director Name None			Director Name None		
Street Address			Street Address		
City		State	Zip	City State Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
8,000 NO PAR VALUE				Number of Shares 1000	
				Class/Series Common	
				Par Value No Par	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	2-7-05
Check No.	727
By:	MB
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 Officer  
Mark W. Bowen  
Date  
January 20 2005  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
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401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 118990		2. Name of Corporation METRITEL, Inc.			
3. Street Address 1649 Stony Lane		City North Kingstown		State RI	Zip 02852
4. Business Phone No. 295-1120		5. State of Incorporation RHODE ISLAND			6. SIC Code 1115
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8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mark W. Bowen			Vice President Name None		
Street Address 1649 Stony Lane			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Mark W. Bowen			Treasurer Name Mark W. Bowen		
Street Address 1649 Stony Lane			Street Address 1649 Stony Lane		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mark W. Bowen			Director Name None		
Street Address 1649 Stony Lane			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			1000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 8 9 9 0 \*

File Date 3/9/04  
Check No. 626  
By: U.

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.

Mark W. Bowen January , 2004  
Signature of Officer Date

mark w. Bowen  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

118990

2. Name of Corporation

METRITEL, Inc.

3. Street Address Principal Business Office

1649 Stony Lane

North Kingstown

State RI

Zip 02852

4. Business Phone No.

293-1120

5. State of Incorporation

RHODE ISLAND

6. SIC Code

1115

7. Brief Description of the Character of Business Conducted in Rhode Island

wireless telemetry equipment and related services

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Mark W. Bowen

None

Secretary Name Mark W. Bowen

Mark W. Bowen

Street Address 1649 Stony Lane

1649 Stony Lane

City North Kingstown RI Zip 02852

North Kingstown State RI Zip 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Mark W. Bowen

None

Street Address 1649 Stony Lane

Street Address

City North Kingstown RI Zip 02852

City State Zip

Director Name None

None

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

Common

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 8 9 9 0 \*

File Date: 2-21-03

Check No.: 524

Ry: ICP

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 Officer

February 18, 2003

Date

Mark W. Bowen

Print or Type Name of Officer

President

Title of Officer



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AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 118990 2. Name of Corporation METRITEL, Inc.

3. Street Address Principal Business Office

1649 Stony Lane

City

North Kingstown

State

RI

Zip

02852

4. Business Phone No.

295-1120

5. State of Incorporation

RHODE ISLAND

6. SIC Code

1115

7. Brief Description of the Character of Business Conducted in Rhode Island

Wireless telemetry equipment and related services

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Mark W. Bowen

Vice President Name

None

Street Address

Street Address

1649 Stony Lane

City

State

Zip

North Kingstown RI

02852

City

State

Zip

Secretary Name

Mark W. Bowen

Treasurer Name

Mark W. Bowen

Street Address

Street Address

1649 Stony Lane

City

State

Zip

North Kingstown RI

02852

City

State

Zip

02852

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Mark W. Bowen

Director Name

None

Street Address

Street Address

1649 Stony Lane

City

State

Zip

North Kingstown RI

02852

City

State

Zip

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

Common

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 8 9 9 0 \*

File Date: 3/18/03

Check No.: 0991

By: AB

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.

February 28, 2002

Signature of Officer

Date

Mark W. Bowen

Print or Type Name of Officer

President

Title of Officer