



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2022 JAN -4 PM 12:07

STAMP

1. Entity ID Number 000136218		2. Exact name of the Corporation Geo-Synthetics, Inc.			
3. Principal Office Address 2401 Pewaukee Road		City Waukesha	State WI	Zip 53188	
4. NAICS Code 238900	6. Brief description of the character of business conducted in Rhode Island The distribution and installation of erosion control and liner materials				
5. State of Incorporation WI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patricia Groh		Vice-President Name			
Street Address W297N3360 Woodridge Circle		Street Address			
City Pewaukee	State WI	Zip 53072	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		9000		CWP	.01
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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.</i>					
Name of Authorized Representative Patricia Groh				Date 11-17-2021	
Signature of Authorized Representative <i>Patricia Groh</i>		SIGN DOCUMENT HERE		FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 04 2022
 BY *G. Smow* A.A. 12:15pm
 FORM 630 - Revised: 10/2017