



RI SOS Filing Number: 202207667040 Date: 1/4/2022 12:12:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

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

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS SVCS DIV

2022 JAN -4 PM 12:07

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.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">NUMBER OF SHARES</th> <th style="width: 30%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">9000</td> <td style="text-align: center;">CWP</td> <td style="text-align: center;">.01</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	9000	CWP	.01			
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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. 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.														
Name of Authorized Representative Patricia Groh				Date 11-17-2021										
Signature of Authorized Representative <i>Patricia Groh</i>				SIGN DOCUMENT HERE FILED IAN 04 2022 GSMDW A.A. 12:12 PM										

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