

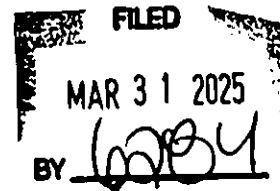


State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number <b>2046</b>		2. Exact name of the Corporation <b>BATHY SYSTEMS, INC.</b>	
3. Principal Office Address <b>550 GARDINER ROAD</b>		City <b>WEST KINGSTON</b>	State <b>RI</b>
		Zip <b>02892</b>	
4. NAICS Code <b>334118</b>	6. Brief description of the character of business conducted in Rhode Island <b>THE DEVELOPMENT AND MANUFACTURING OF OCEANOGRAPHIC EQUIPMENT.</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>DONALD L. DORSON</b>		Vice-President Name <b>LENORE A. DORSON</b>	
Street Address <b>550 GARDINER ROAD</b>		Street Address <b>550 GARDINER ROAD</b>	
City <b>WEST KINGSTON</b>	State <b>RI</b>	City <b>WEST KINGSTON</b>	State <b>RI</b>
Zip <b>02892</b>		Zip <b>02892</b>	
Secretary Name <b>LENORE A. DORSON</b>		Treasurer Name <b>DONALD L. DORSON</b>	
Street Address <b>550 GARDINER ROAD</b>		Street Address <b>550 GARDINER ROAD</b>	
City <b>WEST KINGSTON</b>	State <b>RI</b>	City <b>WEST KINGSTON</b>	State <b>RI</b>
Zip <b>02892</b>		Zip <b>02892</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>DONALD L. DORSON</b>		Director Name <b>LENORE A. DORSON</b>	
Street Address <b>550 GARDINER ROAD</b>		Street Address <b>550 GARDINER ROAD</b>	
City <b>WEST KINGSTON</b>	State <b>RI</b>	City <b>WEST KINGSTON</b>	State <b>RI</b>
Zip <b>02892</b>		Zip <b>02892</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>200</b>	<b>COMMON</b>
			<b>NONE</b>
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. <b>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.</b>			
Name of Authorized Representative <b>DONALD L. DORSON, PRESIDENT</b>		Date <b>18 Mar 2025</b>	
Signature of Authorized Representative <i>Donald L. Dorson</i>			

MAIL TO:

Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov