State of Rhode Island
Department of State - Business Services Division

FILED
MAR 31 2025
BY

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	2. Exact name of the Corporation
2046	BATHY SYSTEMS, INC.

3. Principal Office Address	City	State	Zip
550 GARDINER ROAD	WEST KINGSTON	RI	02892

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
334118	THE DEVELOPMENT AND MANUFACTURING OF OCEANOGRAPHIC EQUIPMENT.
5 State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
DONALD L. DORSON	LENORE A. DORSON
Street Address: 550 GARDINER ROAD	Street Address: 550 GARDINER ROAD
City: WEST KINGSTON, State: RI, Zip: 02892	City: WEST KINGSTON, State: RI, Zip: 02892
Secretary Name: LENORE A. DORSON	Treasurer Name: DONALD L. DORSON
Street Address: 550 GARDINER ROAD	Street Address: 550 GARDINER ROAD
City: WEST KINGSTON, State: RI, Zip: 02892	City: WEST KINGSTON, State: RI, Zip: 02892

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
DONALD L. DORSON	LENORE A. DORSON
Street Address: 550 GARDINER ROAD	Street Address: 550 GARDINER ROAD
City: WEST KINGSTON, State: RI, Zip: 02892	City: WEST KINGSTON, State: RI, Zip: 02892
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	COMMON	NONE

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	Date
DONALD L DORSON, PRESIDENT	18 Mar 2025

Signature of Authorized Representative: Donald L. Dorson

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