

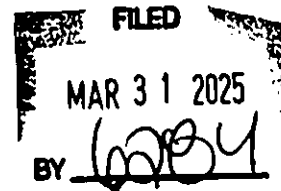


State of Rhode Island
Department of State - Business Services Division

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 2046		2. Exact name of the Corporation BATHY SYSTEMS, INC.			
3. Principal Office Address 550 GARDINER ROAD		City WEST KINGSTON	State RI	Zip 02892	
4. NAICS Code 334118	6. Brief description of the character of business conducted in Rhode Island 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 DONALD L. DORSON		Vice-President Name 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 DONALD L. DORSON		Director Name 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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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 DONALD L. DORSON, PRESIDENT				Date 18 Mar 2025	
Signature of Authorized Representative <i>Donald L. Dorson</i>					

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