



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

APR 21 2025

*(Handwritten initials)*

BY 1151

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>001670166</b>		2. Exact name of the Corporation <b>Deep Geo Inc.</b>			
3. Principal Office Address <b>39 Allston Avenue</b>			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
4. NAICS Code <b>541600</b>		6. Brief description of the character of business conducted in Rhode Island <b>Environmental Consulting</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>David K</b>			Vice-President Name <b>Karin P Murray</b>		
Street Address <b>39 Allston Avenue</b>			Street Address <b>23 Lawson Court</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Scituate</b>	State <b>MA</b>	Zip <b>02066</b>
Secretary Name <b>Daryl G Kolator</b>			Treasurer Name <b>Karin P Murray</b>		
Street Address <b>39 Allston Avenue</b>			Street Address <b>23 Lawson Court</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Scituate</b>	State <b>MA</b>	Zip <b>02066</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>Joseph L Murray</b>			Director Name <b>Karin P Murray</b>		
Street Address <b>1053 East Shore Road</b>			Street Address <b>23 Lawson Court</b>		
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Scituate</b>	State <b>MA</b>	Zip <b>02066</b>
Director Name <b>Daryl G Kolator</b>			Director Name <b>Teresa Murray</b>		
Street Address <b>39 Allston Avenue</b>			Street Address <b>23 Lawson Court</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Scituate</b>	State <b>MA</b>	Zip <b>02066</b>
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	
		9,500,000		CNP	
		500,000		CNP	
		PAR VALUE		\$0.0000	
				\$0.0000	
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>David J Kolator</b>				Date <b>15 April 2025</b>	
Signature of Authorized Representative 					

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