FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

OMB APPROVAL

OMB NUMBER: 3235-0076

Expires: May 31, 2005 Estimated average burden



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR IFORM LIMITED OFFERING EXEMPTION

	4
Name of Offering (check if this is an amendment and name has changed, and	indicate change.)
Private Placement of Common Stock and Promissory Note	**************************************
Filing Under (Check box (es) that apply): Rule 504 Rule 505 X Rule Type of Filing: X New Filing Amendment	e 506 Section 4(6) SulloE
A. BASIC IDENTIFICATION	DATA UII 1 0 ANNA
1. Enter the information requested about the issuer	JUL 1 3 2006
Name of Issuer (Check if this is an amendment and name has changed, and indi StockerYale, Inc.	cate change.)
Address of Executive Offices (Number and Street, City, Stat 32 Hampshire Road, Salem, NH 03079	
Address of Principal Business Operations (Number and Street, City, Stat (if different from Executive Offices)	e, Zip Code) Telephone Number (Including Area Code)
Brief Description of Business Designs and manufactures structured light lasers and related tec	hnologies. 06049188
Type of Business Organization	The state of the s
X corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed	other (please specify):
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service a CN for Canada; FN for other foreign	bbreviation for State:
Federal:	THOMSUN
Who Must File: All issuess making an offering of securities in religious on an exemp	tion under Regulation D or Section 4(6) 17 CHERIASTICIAL

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	SIC IDENTIFICATION DATA	
10% or more of a class of equity	ne issuer has been organized within the page power to vote or dispose, or direct the varieties of the issuer; tor of corporate issuers and of corporate and	
Check Box(es) that Apply: X Director	☐ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner	Executive Officer,
Full Name (Last name first, if individua Zupan, Mark	ıl)	
Business or Residence Address	(Number and Street, City, State, Zip Co	de)
32 Hampshire Road, Salem, NH 0307	29	· i
Check Box(es) that Apply: X Director	Promoter X Beneficial Owner General and/or Managing Partner	X Executive Officer
Full Name (Last name first, if individua Blodgett, Mark	,	1
Business or Residence Address	(Number and Street, City, State, Zip Co	de)
32 Hampshire Road, Salem, NH 0307	79	
Check Box(es) that Apply:	Promoter X Beneficial Owner General and/or Managing Partner	□ Executive Officer
Full Name (Last name first, if individua	al)	
The Eureka Interactive Fund Limite	d	!
Business or Residence Address The Adelphi, 13th Floor, 1/11 John St	(Number and Street, City, State, Zip Coret, London, England WC2N6HT	de)
Check Box(es) that Apply:	Promoter Deneficial Owner General and/or Managing Partner	X Executive Officer
Full Name (Last name first, if individua	al)	
Molleur, Marianne	<u>-</u>	
Business or Residence Address 32 Hampshire Road, Salem, NH 0307		
Check Box(es) that Apply: X Director	☐ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner	□ Executive Officer
Full Name (Last name first, if individual Oglethorpe, Raymond	al)	i
Business or Residence Address 32 Hampshire Road, Salem, NH 0307	(Number and Street, City, State, Zip Co	de)
Check Box(es) that Apply: X Director	☐ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner	□ Executive Officer
Full Name (Last name first, if individua	al)	;
Zilvitis, Patrick Business or Residence Address 32 Hampshire Road, Salem, NH 0307	(Number and Street, City, State, Zip Co	de).
Check Box(es) that Apply: X Director	☐ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner	□ Executive Officer
Full Name (Last name first, if individua Karol, Steven	<u> </u>	
Business or Residence Address 32 Hampshire Road, Salem, NH 0307	(Number and Street, City, State, Zip Co	de)
Check Box(es) that Apply: X Director	☐ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner	□ Executive Officer
Full Name (Last name first, if individual	al)	

Klenner, Dietmar	
Business or Residence Address 32 Hampshire Road, Salem, NH 0307	(Number and Street, City, State, Zip Code)
Check Box(es) that Apply:	☐ Promoter ☐ Beneficial Owner ☐ Executive Officer☐ General and/or Managing Partner
Full Name (Last name first, if individua	al)
Business or Residence Address	(Number and Street, City, State, Zip Code)
Check Box(es) that Apply:	☐ Promoter ☐ Beneficial Owner ☐ Executive Officer☐ General and/or Managing Partner
Full Name (Last name first, if individua	al)
Business or Residence Address	(Number and Street, City, State, Zip Code)
Check Box(es) that Apply:	☐ Promoter ☐ Beneficial Owner ☐ Executive Officer☐ General and/or Managing Partner
Full Name (Last name first, if individua	al)
Business or Residence Address	(Number and Street, City, State, Zip Code)
Check Box(es) that Apply:	☐ Promoter ☐ Beneficial Owner ☐ Executive Officer☐ General and/or Managing Partner
Full Name (Last name first, if individua	al)
Business or Residence Address	(Number and Street, City, State, Zip Code)

			B.]	NFOR	MATIO	N ABO	UT OFF	ERING	7			
1. Has the		sold, or	does the	issuer i	ntend to	sell, to r	оп-асст	edited in	vestors	in this		No X
,		An	swer als	o in Apı	endix, C	Column 2	2, if filin	g under	ULOE.	٠	_	!
2What i	s the mi	nimum i	nvestme	nt that v	vill he ac	cented t	rom anv	,				i
individua	i?	······				·······		•••••			\$ <u>4,000</u>	<u>,642.86</u>
		٠.					,				Yes	No '
3. Does t unit?	he offeri	ing perm	it joint o	wnersh	ip of a si	ngle	•••••	٠.			0	x
4. Enter the remuneration agent of a bropersons to be	for solicita oker or deal listed are a	tion of pure er registered ssociated p	chasers in co d with the S ersons of su	onnection v EC and/or	with sales of with a state	securities or states, l	in the offer ist the name	ing. If a pe e of the bro	rson to be l ker or deale	isted is an er. If more	associate than five	d person or
Full Name (L Laurus M												
Business or R	lesidence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)		<u>·····</u>				
c/o Lauri				, LLC,	825 Thi	rd Aven	ue, 14 th	Floor, I	New Yo	rk, NY	10022	<u> </u>
Name of Asse	ociated Bro	ker or Deal	cı				4					1
,						•						
States in Whi			Solicited or lividual Stat		Solicit Purc	hasers					п	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	(HI)	[ID]
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[RI]	[SC]	[SD],	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	, [WV]	(WI)	[WY]	[PR]
Full Name (L	ast name fi	rst, if indivi	idual)		 				 			1
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Business or R	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						<u> </u>
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Name of Asso	ociated Bro	ker or Deal	er									
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			lividual Stat			1122612				********* 14#*		All States
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[IL]	[IN]	[IA]	[KS]	(KY)	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	(OR)	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	: {PR]
Full Name (L	ast name fi	rst, if indiv	idual)			•						i
Business or R	lesidence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)						<u> </u>
			•				_					; ;
Name of Asse	ociated Bro	ker or Deal	er									
States in Whi											·	- !
			lividual Sta	•				······································				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	, [ID]
[IL]	[IN]	[[A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	(MO)
[MT]	[NE]	[NV]	[NH]	[NJ]	(NM)	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price - Type of Security Sold Debt \$4,000,000 \$4,000,000 Equity \$642.86 ☐ Common ☐ Preferred Partnership Interests Total \$4,000,642.86 \$4,000,642.86 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors \$4,000,642.86 Non-accredited Investors Total (for filings under Rule 504 only) 0.00 Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering . Type of Dollar Amount Security Sold Rule 505 N/A \$_N/A Regulation A N/A \$_N/A Rule 504 N/A \$1N/A Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs

Legal Fees

Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Total

X \$35,000:

X \$35,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				\$3,965,642.86					
used for each of the purposes shown. If the estimate and check the box to the left of the	ross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.		Payments to Officers, Directors, Affiliates						
Salaries and fees		Ð	s						
Purchase of real estate			s						
Purchase, rental or leasing and installation	on of machinery and equipment		s	\$					
Construction or leasing of plant building	gs and facilities		s						
offering that may be used in exchange for	ng the value of securities involved in this or the assets or securities of another	0	s						
Repayment of indebtedness			S	X <u>\$1,412,816</u>					
Working Capital			s	X \$2,552,826.80					
Other (specify):			\$. o s					
			\$						
Column Totals		О	s <u>0.00</u>	X \$3,965,642.86					
Total Payments Listed (Column totals at	dded)		x	\$ <u>3,965,642.86</u>					
`	D. FEDERAL SIGNATURE			<u> </u>					
following signature constitutes an undertaking	ned by the undersigned duly authorized person. If this no ng by the issuer to furnish to the U.S. Securities and Exc issuer to any non-accredited investor pursuant to paragra	ange (Commission,	upon written request					
Issuer (Print or Type) Stocker Yale, Inc.	Signature		Date	28-06					
Name of Signer (Print or Type) Marianne Molleur	Title of Signer (Print of Type) Chief Financial Officer								

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)