



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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|--|--------------|---|---|--------------|--------------|
| 1. Corporate ID No. 123657 | | 2. Name of Corporation Protocol Networks, Inc. | | | |
| 3. Street Address Principal Business Office 15 Shore Drive | | City Johnston | | State RI | Zip 02919 |
| 4. Business Phone No. 877 676-0146 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Adam Belesimo | | | Vice President Name Nick Belesimo | | |
| Street Address 15 Shore Drive | | | Street Address 1 Willow Glen Circle Unit 115 | | |
| City Johnston | State RI | Zip 02919 | City Warwick | State RI | Zip 02889 |
| Secretary Name Robert Seer | | | Treasurer Name Adam Belesimo | | |
| Street Address 50 Freeman Road | | | Street Address 15 Shore Drive | | |
| City Charlton | State MA | Zip 01507 | City Johnston | State RI | Zip 02919 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 1,000 | Common | No Par | 820 | Common | No Par |

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.

FILED

| | |
|---------------------------------|-------------|
| File Date | MAR 03 2008 |
| Check No. | By DS 4456 |
| By: | |
| FOR SECRETARY OF STATE USE ONLY | |

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.

Signature
Adam Belesimo
Print or Type Name
President
Title

Date
2/6/08