

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 401.222.30 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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(e%d)) is subject to a penalty fee of \$25.00.

70854		omponent Marketing,	Inc.				
3 Street Address Principal Business Office 872 Smithfield Avenue			City Lincoln	State RI	2tp 02865		
4. Business Phone No. 40 [- 7]	7-1400	5. State of Incorpor Rhode Island			02000		
6. Brief Description of the C To engage in the ele	ectronic industry	4					
7. NAMES AND ADD President Name	RESSES OF THE OFF	ICERS: ("X" BOX FOR	ATTACHMENT) 🗌 FILL IN	SPACES BEFORE USIN	G ATTACHMENTS		
B. Timothy Danby			Mary Ellen Danby	VICE President Name			
Street Address 31 Marshall Way			Street Address 31 Marshall Way	Street Address			
City Rumford	State RI	^{Zip} 02916	Gity Rumford	State RI	<i>Zip</i> 02916		
Secretary Name B. Timothy Danby			Treasurer Name Mary Ellen Danby	: Treasurer Name			
Street Address 31 Marshall Way			Street Address 31 Marshall Way				
City Rumford	State RI	^{Zip} 02916	city Rumford	State RI	^{Zip} 02916		
I. NAMES AND ADDR Director Name	ESSES OF THE DIRI	CTORS: ("X" BOX FOR	MAN	N SPACES BEFORE USI			
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weet Anaress			Street Address				
	State	Zip	City	State	Zip		
City	ļ <u></u>			!	Director Name		
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Pirector Name treet Address try SHARES AUTHORIZ	Tently of record in th	Zip C Office of the Secretary	Street Address City 10. SHARES ISSUED ISSUED SHARES — THIS SE	CTON MUST BE COMPLETED			

ort must be executed on behalf of the corporation by the receiver or trustee.

File Date	ELED	
Check No.	MAR 0.2 2009	
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	FOR SECRETARY OF STATE USE ONLY	
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	2, 2,27,20
Under penalty of perjury, I declare and affirm t	hat I have examined this report,
including any accompanying schedules and sta	tements, and that all statements
contained herein are true and correct.	I = I
D. V. Danky	2/25/09
Signature	- Date
A 1 NAVA	1/2
NIG. DAND	
Print or Type Name	
PRESIDENT	
Title	
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