



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 223064		2. Name of Corporation Portables Unlimited, Inc.	
3. Street Address Principal Business Office 136 First Street		City Nanuet	State NY
4. Business Phone No. 845-507-8200		5. State of Incorporation New York	
6. Brief Description of the Character of Business Conducted in Rhode Island Wholesale of Cellular Phones + Accessories			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Raja R Amar		Vice President Name Lawrence Melchiora	
Street Address 2 Sandyfields Lane		Street Address 1 Maple Shade Dr.	
City Stony Point	State NY	City Whippany	State NJ
Zip 10980		Zip 07981	
Secretary Name Manju R Amar		Treasurer Name None	
Street Address 2 Sandyfields Lane		Street Address	
City Stony Point	State NY	City	State
Zip 10980			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 100	Class/Series Common
		Par Value NAV	

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.

File Date **FILED**
Check No. **SEP 15 2009**
By: **By 0698828**
FOR SECRETARY'S 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 **Irene A. Coughlin** Date **9/14/09**
Print or Type Name **Chief Financial Officer**
Title