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.	2. Name of Corporation
223064	Portables Unlimited, Inc.

3. Street Address Principal Business Office	City	State	Zip
136 First Street	Nanuet	NY	10954

4. Business Phone No.	5. State of Incorporation
845-507-8200	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	Vice President Name
Raja R Amar	Lawrence Melchionda
Street Address: 2 Sandyfields Lane	Street Address: 1 Maple Shade Dr.
City: Stony Point; State: NY; Zip: 10980	City: Whippany; State: NJ; Zip: 07981
Secretary Name: Manju R Amar	Treasurer Name: None
Street Address: 2 Sandyfields Lane	Street Address:
City: Stony Point; State: NY; Zip: 10980	City: ; State: ; Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
None	
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

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	NPV

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.

[redacted]

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.

Irene A. Coughlin 9/14/09
Signature *Date*

Irene A. Coughlin
Print or Type Name

Chief Financial Officer
Title

[redacted]

File Date FILED
Check No. SEP 15 2009
By: By 398828
FOR SECRETARY OF STATE USE ONLY

SEP 15 PM 12:20

Form 630 Rev. 08/08