



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 2010

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)(4)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                              |                                                                                                             |              |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------|--------------|
| 1. Corporate ID No.<br>72253                                                                                                                               |             | 2. Name of Corporation<br>ProMerge Sales Inc |                                                                                                             |              |              |
| 3. Street Address Principal Business Office<br>21 canal street                                                                                             |             |                                              | City<br>westerly                                                                                            | State<br>RI  | Zip<br>02891 |
| 4. Business Phone No.<br>203 681 8585                                                                                                                      |             | 5. State of Incorporation<br>RI              |                                                                                                             |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Sales of Electronic Products to OEM accounts.                               |             |                                              |                                                                                                             |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                              |                                                                                                             |              |              |
| President Name<br>Scott A. Hallamore                                                                                                                       |             |                                              | Vice President Name<br>Michelle A. Hallamore                                                                |              |              |
| Street Address<br>200 Pawley Drive                                                                                                                         |             |                                              | Street Address<br>Same                                                                                      |              |              |
| City<br>Stoughton                                                                                                                                          | State<br>CT | Zip<br>06378                                 | City<br>Same                                                                                                | State        | Zip          |
| Secretary Name                                                                                                                                             |             |                                              | Treasurer Name                                                                                              |              |              |
| Street Address                                                                                                                                             |             |                                              | Street Address                                                                                              |              |              |
| City                                                                                                                                                       | State       | Zip                                          | City                                                                                                        | State        | Zip          |
| 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                                                                                                                                       |             |                                              | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |              |
| 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<br>0                                                                                       | Class/Series | Par Value    |

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SECRETARY OF STATE  
CORPORATIONS DIV

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.

11:44

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| <b>FILED</b>                    |              |
| File Date                       | JAN 22 2010  |
| Check No.                       | By 012108992 |
| 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: Scott A. Hallamore Date: 1-21-10  
Print or Type Name: Scott Hallamore  
Title: PRS