

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 moithin thirty (30) days after the time preceived by January 1.2-1.5.

subject to a penalty fee of \$25.00. 1. Corporate ID No.			iwai report within thirty (30) days	after the time prescribed by la	tw (R.I.G.L. 7-1.2-1501(c&d)) is
505628	2. Name of Corporation LASERNETWORKS, INC				
3. Street Address Principal Business (City	State	7/6
2823 BRISTOL CIRCLE, UNIT 1		OAKVILLE, ONTARIO	CANADA	<i>Zip</i> L6H 6X5	
4. Business Phone No. 5. State of Incorporation			0.0000	COTTONO	
905-847-5990 DELAWARE					
6. Brief Description of the Character SALES AND SERVICIG LA	SER PRINTERS				- N N N N
7. NAMES AND ADDRESSES President Name	OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) [FILL IN SP	ACES BEFORE USING	ATTACHMENTS
CHRIS STOATE			Vice President Name		
Street Address 2823 BRISTOL CIRCLE, UNIT 1			Street Address		
City ONTABIO	State	Zip	City	State	Zip
OAKVILLE, ONTARIO	CANADA	L6H 6X5			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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8. NAMES AND ADDRESSES	OF THE DIRECT	ORS: ("X" BOX FOR ATT	ACHMENT) FILL IN S	PACES BEFORE USIN	G ATTACHMENTS
Director Name CHRIS STOATE			Director Name		
Street Address					
2823 BRISTOL CIRCLE, UNIT 1			Street Address		
OAKVILLE, ONTARIO	State	Ζψ	City	State	Zip
Director Name	CANADA	L6H 6X5	• •		
Director wante			Director Name		
Street Address				·	
			Street Address		
City	State	Zψ	Ctty	State	Zip
					24,7
9. SHARES AUTHORIZED			10. SHARES ISSUED (X BOX FOR ATTACE	I IMENT) [
1000			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			100	соммом	
			9 / 850 / DATE	en eg este en el el en el	
This report must be executed	on behalf of the c	ornoration by an authoriza	d consequentation. If the		<u></u>
this report must be executed of	on behalf of the co	orporation by the receiver of	u representative. If the COT or trustee	poration is in the hands	of a receiver or trustee,
		1			
			77-5 1 4 4	• • • • • • •	
			including any accom-	ury, I deciare and affirm to	hat I have examined this report tements, and that all statement
			contained herein are t	mue and correct.	concats, and that an statement
File Date FILE	L)		Ch Th	Dok	JAN 21/10
		T)::1 8# 8	Signature		Date 21/10
Check No. FEB 04		<u> </u>			Dun.
5	100c		CHRIS STOATE		····
" Jel I	70U	<u>-</u>	Print or Type Name		
FOR SECRETARY OF STA	LE USE ONLY	[4]	PRESIDENT		

Title