



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 2011

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. 76154 | | 2. Name of Corporation Cybertherm, Inc. | | | |
| 3. Street Address Principal Business Office 8 Filko Avenue | | | City Swansea | State MA | Zip 02777 |
| 4. Business Phone No. (508) 379-9890 | | 5. State of Incorporation MASSACHUSETTS | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING AND SELLING INDUSTRIAL THERMAL CONTROL PANELS AT WHOLESALE AND RETAIL. | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Dale M. Souza | | | Vice President Name Donna L. Souza | | |
| Street Address 831 Highland Avenue | | | Street Address 831 Highland Avenue | | |
| City Fall River | State MA | Zip 02720 | City Fall River | State MA | Zip 02720 |
| Secretary Name Donna L. Souza | | | Treasurer Name Dale M. Souza | | |
| Street Address 831 Highland Avenue | | | Street Address 831 Highland Avenue | | |
| City Fall River | State MA | Zip 02720 | City Fall River | State MA | Zip 02720 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Dale M. Souza | | | Director Name Donna L. Souza | | |
| Street Address 831 Highland Avenue | | | Street Address 831 Highland Avenue | | |
| City Fall River | State MA | Zip 02720 | City Fall River | State MA | Zip 02720 |
| Director Name NONE | | | Director Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 15,000 | COMM NO PAR VALUE | | 200 | Common | No Par Value |

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.

FILED

File Date: FEB 14 2011
Check No.:
By: BY 37187
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: *Donna L. Souza* Date: 2-11-2011
Print or Type Name: Donna L. Souza
Title: Secretary

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CORPORATIONS DIV
SECRETARY OF STATE
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