



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.<br>76154  |                   | 2. Name of Corporation<br>Cybertherm, Inc. |   |              |              |
| 3. Street Address Principal Business Office<br>8 Filko Avenue   |                   |  | City<br>Swansea   | State<br>MA  | Zip<br>02777 |
| 4. Business Phone No.<br>(508) 379-9890   |                   | 5. State of Incorporation<br>MASSACHUSETTS |   |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>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<br>Dale M. Souza   |                   |  | Vice President Name<br>Donna L. Souza                               |              |              |
| Street Address<br>831 Highland Avenue   |                   |  | Street Address<br>831 Highland Avenue                               |              |              |
| City<br>Fall River  | State<br>MA       | Zip<br>02720                               | City<br>Fall River  | State<br>MA  | Zip<br>02720 |
| Secretary Name<br>Donna L. Souza  |                   |  | Treasurer Name<br>Dale M. Souza                                     |              |              |
| Street Address<br>831 Highland Avenue   |                   |  | Street Address<br>831 Highland Avenue                               |              |              |
| City<br>Fall River  | State<br>MA       | Zip<br>02720                               | City<br>Fall River  | State<br>MA  | Zip<br>02720 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                  |                   |  |   |              |              |
| Director Name<br>Dale M. Souza  |                   |  | Director Name<br>Donna L. Souza                                     |              |              |
| Street Address<br>831 Highland Avenue   |                   |  | Street Address<br>831 Highland Avenue                               |              |              |
| City<br>Fall River  | State<br>MA       | Zip<br>02720                               | City<br>Fall River  | State<br>MA  | Zip<br>02720 |
| Director Name<br>NONE   |                   |  | Director Name<br>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 <u>MUST</u> 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

Donna L. Souza  
Print or Type Name  
Secretary  
Title

10:06 AM FEB 14 2011  
CORPORATIONS DIV  
SECRETARY OF STATE