



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. 00085449		2. Name of Corporation Constant Technologies, Inc.						
3. Street Address Principal Business Office 125 Steamboat Avenue				City Wickford		State RI	Zip 02852	
4. Business Phone No. 401-294-7171			5. State of Incorporation NJ					
6. Brief Description of the Character of Business Conducted in Rhode Island Sales of computer furniture and design of trading floors.								
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS								
President Name George Morabit				Vice President Name				
Street Address 474 Gilbert Stuart Road				Street Address				
City Saunderstown		State RI	Zip 02874	City		State	Zip	
Secretary Name Christopher Squillante				Treasurer Name				
Street Address 15 Willet Road				Street Address				
City Saunderstown		State RI	Zip 02874	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"/>				
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		Class/Series	Par Value	
				1000		CNP	0	

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 APR 21 2011

Check No. By MMS

By: 3776

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 [Signature] Date 4/20/11

Jonathan Hammett

Print or Type Name

Controller

Title