



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
15,000 COMM NO PAR VALUE			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			200	Common	No 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.

File Date	FILED
Check No.	FEB 14 2014
By:	BY <u>[Signature]</u> 217415
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: 1-27-14
 Donna L. Souza
 Print or Type Name
 Secretary
 Title