

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00

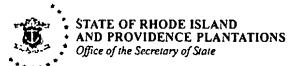
FORM MUST BE TYPED IN BE						
1. Corporate ID No. 115006	2. Name of Corporati	e-source, Inc	•			
3. Street Address Principal Business Office 150 Chestnut Street, 4th Floor			City Providence	State RI	7 <i>Zip</i> 02903	
4. Business Phone No.	Teet, 4th FIC	5. State of Incorporation	Trovince		6. SIC Code	
401-278-4141 Ma			assachusetts		2618	
7. Brief Description of the Charac the wholesale d	cier of Business Conduc istribution o	cied in Rhode Island of electronic co	mponents and compu	ter products.		
8. NAMES AND ADDRESS	es of the offic	ERS ("X" BOX FOR ATU	ACHMEND LEILUIN SPAC	ES BEFORE USING ATT	CHMENTS	
Presideni Name Gene Font			Vice President Name N/A			
Street Address 19 Anchor	age Way		Street Address			
Cny Barrington	State	<sup>2ip</sup> 02806	City	State	Zip	
Secretary Name Gene Font	i		Treasurer Name Michael			
		<del></del>	* Street Address			
Street Address 19 Anchor			: 291 Cou	ntry Club Drive	7/0	
City Barrington	State RI	02806	City Warwick	State RI	<sup>Zip</sup> 02888	
9-NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FORX	TTAGEMENT) DEFINITION SP.	ACES BEFORE USING AT	TACHMENTS	
Director Name Gene Font	aine		. Director Name . Michael Fontaine			
Street Address 19 Anchor	age Way	<u> </u>	Street Address 291 Cou	intry Club Drive		
City Barrington	State RI	<i>Zip</i> 02806	·City Warwick	State RI	<sup>Zip</sup> 02888	
Director Name	1	1	Director Name			
	<u>.                                    </u>		· · · · · · · · · · · · · · · · · · ·			
Street Address			· Street Address		12/2	
City	State	Žip	City	State	Ζίρ	
10: SHARES AUTHORIZE	D. C.X. BOX FOR A	TACHMEND	AND SHARESTSSUED ("X"	BOX FOR ATTACHMENT		
AUTHORIZED SHARES	· 		ISSUED SHARES	Class/Series	Par Value	
Number of Shares	Class/Series	Par Value	Number of Shares	<del> </del>	\$1.00	
200,000	Common	\$1.00	20,000	Commonia	\$1.00	
This report must be signe	ed in ink hy oither	the President Vice Pi	resident. Secretary. Assist	ant Secretary, Treasur	er, Receiver or Truste	
			Under penalty of perjuths record ancluding	ury, I declare and affirm th any accompanying schedu s contained herein are true	nat I have examined	
File Daile 2-14-	- <i>0</i> s 2_		Signarfre of Officer		ale	
Check No. 377.		•	Gene Fontain Print or Type Name of (	Officer		
By: COR SECRETARY OF STATE	: IGE ONLY	•	President		Form 630 12/0	
TEMP SECRETARY OF STATE	USE UNLI	l .	Title of Officer		ונוטין עבט וונוטין	



Matthew A. Brown, Secretary of State Carporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

2004

115006  Street Address Principal Business (150 Chestnut S)  Business Phone No. 4012784141  Brief Description of the Character  R. NAMESAND ADDRESSES  President Name  Gene Fon  Street Address  19 Ancho	Office treet  of Business Cond OFTHE OFFI	S. State of Incorporation MASSACH	USETTS	State RI ES BEFORE USING ATT	02903 6 SIC Code 2618	
1. Business Phone No. 4012784141 7. Brief Description of the Character 8. NAMES AND ADDRESSES President Name Gene Fon Street Address 19 Ancho	of Business Cond OFTHE OFFI	MASSACH lucted in Rhode Island	Providence  USETTS  TACHMENT)   FILL IN SPACE  Vice President Name	RI	02903 6. SIC Code 2618	
4012784141  Brief Description of the Character  NAMES AND ADDRESSES  resident Name  Gene Fon  Ireet Address  19 Ancho	OF THE OFF	MASSACH lucted in Rhode Island	USETTS  TACHMENT)   FILL IN SPACE  Vice President Name	ES BEFORE USING ATTA	2618	
8. NAMES AND ADDRESSES Tresident Name Gene Fon Wreet Address 19 Ancho	OF THE OFF		Vice President Name	es before using ATT	CHMENTS	
resideni Name Gene Fon Gerei Address 19 Ancho	taine	ICERS ("X" BOX FOR AT	Vice President Name	ES BEFORE USING ATT	CHMENTS	
Gene Fon Gene Fon 19 Ancho	· <del></del>					
19 Ancho						
	rage Way		Street Address			
Barrington	rate RI	2ip 02806	City	State	Zip	
ecretary Name			Tréasurer Name			
Gene Fon	taine		: Michael Fonta	aine		
Greet Address 19 Ancho	rage Way		Sireei Address 291 Country (	Club Drive		
City Barrington S	raie RI	2φ 02806	'City Warwick	State R I	02888	
9. NAMES AND ADDRESSES					<del></del>	
Director Name Gene Fon		ment of the property of the control	Director Name Michael Fontaine			
Sireel Address	rage Way	<del></del>	· Street Address 291 Country Club Drive			
	late	Zip	*City	State	Zip	
Barrington J	RI	02806	Warwick Director Name	RI	02888	
Sireei Address			· Street Address	<u> </u>		
City S	raie	Zıp	.Cliy	State	Zıp	
10. SHARES AUTHORIZED	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES			
	llass/Series mmon	Par Volue \$1.00	Number of Shares	Class/Series	Par Value	
	шшоп		20,000	Common	\$1.00	
his report must be signed in	· ···	·	<u> </u>			



File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

ruing Period: Januai FORM MUST BE TYPEL	IN BLACK)	J					
1. Corporate ID No. *115006*	2. Name of Cor e-source,						
3. Street Address Principal	Business Office	······	City	State	Zip		
150 CHESTNUT S	TREET		PROVIDENCE	RI	02903-		
4. Business Phone No.		5. State of Incorpora	tion		6. SIC Code		
4012784141		MASSACHUS	ETTS		2618		
7. Brief Description of the WHOLESALE DISTRI	Character of Business C BUTION OF ELEC	onducted in Phode Island FRONIC COMPONENTS 2	AND COMPUTER PRODUCTS				
8. NAMES AND ADD President Name	RESSES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT)   FILL IN SP.	ACES BEFORE USING ATTAC	HMENTS		
Gene Fontaine			.N/A				
Street Address	······································		Street Address	······································			
19 Anchorage Wa	ay		•				
City Barrington	State RI	Zip 02806	City	State	Zip		
Secretary Name			Treasurer Name		4		
Gene Fontaine			Michael Fontain	e			
Street Address			* Street Address		<del></del>		
19 Anchorage Wa	ay		291 Country Club Drive				
City	State	Zip	*City State Zip				
Barrington	RI	02806	. Warwick	RI	02888		
9. NAMES AND ADD Director Name	RESSES OF THE D	RECTORS ("X" BOX FO.	RATTACHMENT)   FILL IN S	PACES BEFORE USING ATT	ACHMENTS		
Gene Fontaine			'Michael Fontain	e			
Street Address			. Street Address				
19 Anchorage Wa	ау		291 Country Club Drive				
City	State	Zip	•City	State	Zip		
Barrington	RI	02806	Warwick	RI	02888		
Director Name	• • • • • • • • • •	• • • • • • • • • • • • •	Director Name		· · · · · · · · · · · · · · · · · · ·		
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address	· · · · · · · · · · · · · · · · · · ·	<del></del>		
City	State	Zip	.Ciry	State	Zip		
10. SHARES AUTHO	RIZED ("X" BOX FO	OR ATTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES				
rumber by undres	Classiseries	rar value	Number of Shares	Class/Series	rar value		
200,000 COMM \$1.	00 PAR VALUE		20,000	Common Stock	\$1.00		
This report must be s	igned in ink by eit	her the President, Vice	President, Secretary, Assis	tant Secretary, Treasurer,			
<del>"</del> !			this report, including	any accompanying schedules	and statements,		
*115006 FBC2/5/0	310:41:26 AM*		and that all statemen	ts contained berein are true an	d correcty		

Signature of Officer

Gene Fontaine

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

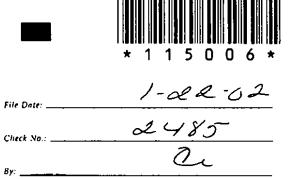
### 2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_



Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 115006 e-source, Inc. 3. Street Address Principal Business Office PROVIDENCE 02903 150 CHESTNUT ST. 4. Business Phone No. 5. State of Incorporation 6. SIC Code 2618 401-278-4141 **MASSACHUSETTS** 7. Brief Description of the Character of Business Conducted in Rhode Island RESELLERS OF BOARDLEVEL ELECTRONIC COMPONENTS AND COMPUTER PRODUCTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name GENE FONTAINE Street Address Street Address Cliv State PROVIDENCE Secretary Name MICHAEL FONTAINE Street Address Street Address 291 COUNTRY CLUB DR. City State WARWICK 02888 FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City City State 7,10 State ZIP Director Name Street Address Street Address City State Zio City State 210 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES I ESSUED SHARES Number of Shares Class/Series Number of Shares 200,000 COMM \$1.00 PAR VALUE COMMON STOCK \$ 1.00 20,000

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**€** 5



FOR SECRETARY OF STATE USE ONLY

Upder perceity of heristry, I declare and	affirm that I have	ve examined
this report, including any accompanyir	ng schedules and	statements, an
that all statements contained herein ar	-	
Ty V	1/21	1
Signalus of afficer	Date	T
GENE FONTAINE		
Print or Type Name of Officer		
PRESIDENT		<del></del>
Title of Officer		

Form 630 12/01



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### AMENDED

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002. Filing Period: January 1-March 1 • Filing Fee: \$50.00 PCSS

STOP PLEASE REALI INSTRUCTIONS

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FORM MUST BE TYPED IN E . Carporate ID No.	BLACK)  2. Name of Corpora		,01 —		
•					
15006 Street Address Principal Busin	ess Office	, IIIC.	City	State	Zip
			Providence	RI	02903
50 Chestnut St., 4 <sup>th</sup>	11001	S. State of Incorporation			6. SIC Code
(401)278-4141 Brief Description of the Chara	cter of Business Conducted i	Massachusetts n Rhode Island			2618
		mponents and comput ICERS (*X* BOX FOR ATTACH		ES BEFORE USING ATTACH	MENTS
			· ite rresident Name		
Gene Fontaine			Street Address		
8 Pratt St.					
Providence	State RI	<sup>zip</sup> 02906	City	State	Zip
ecretary Name	. •		Treasurer Name	•	• • •
Gene Fontaine			Michael Fontaine	e	
8 Pratt St.			291 Country Clu	b Dr.	
City	State	Zip	City	State	Zip
Providence NAMES AND ADDRI	RI	02906	Warwick	RI	02888
P. NAMES AND ADDR! Director Name	ESSES OF THE DIRE	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPA: Director Name	CES BEFORE USING ATTAC	CHMENTS
			Michael Fontaine	e	
Gene Fontaine			Street Address		
8 Pratt St.			291 Country Clu	b Dr.	
City	State	Zip	City	State	Zip
Providence	RI	02906	. Warwick	RI .	02888
treet Address		•	Street Address		
ilty	State	ZIp	City	State	Zip
0. SHARES AUTHORIZ	ZED ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
UTHORIZED SHARES			ISSUED SHARES		
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
200,000 COMM \$1	.00 PAR VALUE		\$20,000	COMMON STOCK	\$1.00
		-			
	- · -		<del></del>	<del></del>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

File Date: 210	
Check No.:	
FOR SECRETARY OF STATE USE ONLY	

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

	iod: January					PORT FOR TH	L ILAK_	2001	PLEASE REZINSTRUCTIO
(FORM MUST  1. Corporate ID	BE TYPED IN BL		of Carporation						
1. Corporate 1D	115006	2. 144/116	of Corporation	e-so	irce, Inc.				
3. Street Addres	s Principal Business 24 Centes		:			c <sub>ity</sub> Newburyport	State	MA	01950
4. Business Phone No. 5. State of 978-465-5333			of incorporation Ma	f incorporation Massachusetts 6. SiC Code 26/8					
7. Brief Descripi	ion of the Characte	r of Business C	Conducted in Rh	ode Island	WHOTESAI	e distribution of products.	f electroni	c componer	its and
8. NAMES President Name	AND ADDRES		HE OFFICE	RS (*x*	-	HMENT) FILL IN SPACES Vice President Name	<mark>s before usin</mark> g NONE	ATTACHMEN	TS
Street Address	8 Pratt S	Street				Street Address			
City Provi	dence	State	RI	ZIP	02906	City	State	2	Zip .
Secretary Name	Gene Fon	taine				Treasurer Name Michae	l Fontaine	•	
Street Address	8 Pratt	Street				Street Address 291 Con	untry Club	Road	
c <sub>lry</sub> Provi	dence	State	RI	Zip	02906	City Warwick	State	RI	02888
9. NAMES Director Name	AND ADDRES		HE DIRECT	ORS (*)	(* BOX FOR ATT/	Director Name	es before using lands and lands and lands and lands are lands and lands are	NG ATTACHME	ENTS
Street Address	8 Pratt	Street				Street Address 291 Co	untry Club	Road	
City Provi	dence	State	RI 📏	Zip	02906	CHy Warick	State	RI	02888
Director Name						Director Name	•		
Street Address	NO	NE				Street Address	NONE		
City		State		Zip		City	State	2	?ip
10. SHARES	S AUTHORIZE Ares	D (*x* BOX	FOR ATTACH	MENT)		11. SHARES ISSUED	(*X* BOX FOR ATTA	ACHMENT)	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

20,000

Title of Officer

	3/5			
ile Date:				
	1958			
heck No.:	<del></del>			—
y:		,	•	
OR SECRETA	RY OF STATE USE ONLY			

Class/Series

N/A

Par Value

NO PAR

Number of Shares

200,000

Under penalty of perjury, I declare	and affirm that I have examined inving schedules and statements, and
that all systements contained herel	
K /	2/28/01
Signature of Officer  Gene Fontaine	Date
Print or Type Name of Officer	
President	

Class/Series

N/A

Par Value

NO PAR