

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

Filing Period: January 1 - March 1

Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
115006

2. Name of Corporation
e-source, Inc.

3. Street Address Principal Business Office
150 Chestnut Street, 4th Floor

City
Providence

State
RI

Zip
02903

4. Business Phone No.
401-278-4141

5. State of Incorporation
Massachusetts

6. SIC Code
2618

7. Brief Description of the Character of Business Conducted in Rhode Island
the wholesale distribution of electronic components and computer products.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
Gene Fontaine

Vice President Name
N/A

Street Address
19 Anchorage Way

Street Address

City
Barrington

State
RI

Zip
02806

City

State

Zip

Secretary Name
Gene Fontaine

Treasurer Name
Michael Fontaine

Street Address
19 Anchorage Way

Street Address
291 Country Club Drive

City
Barrington

State
RI

Zip
02806

City
Warwick

State
RI

Zip
02888

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Gene Fontaine

Director Name
Michael Fontaine

Street Address
19 Anchorage Way

Street Address
291 Country Club Drive

City
Barrington

State
RI

Zip
02806

City
Warwick

State
RI

Zip
02888

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000	Common	\$1.00	20,000	Common	\$1.00

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

File Date
2-14-05

Check No.
3442

By
KB-

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 of Officer

2/8/05

Date

Gene Fontaine

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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

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 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 115006		2. Name of Corporation e-source, Inc.			
3. Street Address Principal Business Office 150 Chestnut Street		City Providence	State RI	Zip 02903	
4. Business Phone No. 4012784141		5. State of Incorporation MASSACHUSETTS		6. SIC Code 2618	
7. Brief Description of the Character of Business Conducted in Rhode Island					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gene Fontaine		Vice President Name N/A			
Street Address 19 Anchorage Way		Street Address			
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Gene Fontaine		Treasurer Name Michael Fontaine			
Street Address 19 Anchorage Way		Street Address 291 Country Club Drive			
City Barrington	State RI	Zip 02806	City Warwick	State RI	Zip 02888
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gene Fontaine		Director Name Michael Fontaine			
Street Address 19 Anchorage Way		Street Address 291 Country Club Drive			
City Barrington	State RI	Zip 02806	City Warwick	State RI	Zip 02888
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000	Common	\$1.00	20,000	Common	\$1.00

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

File Date	2/26/04
Check No.	2529
By:	ls
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 of Officer
Gene Fontaine
Print or Type Name of Officer
President
Title of Officer

Form 630 12/01



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

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

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *115006*		2. Name of Corporation e-source, Inc.			
3. Street Address Principal Business Office 150 CHESTNUT STREET			City PROVIDENCE	State RI	Zip 02903-
4. Business Phone No. 4012784141		5. State of Incorporation MASSACHUSETTS			6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE DISTRIBUTION OF ELECTRONIC COMPONENTS AND COMPUTER PRODUCTS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gene Fontaine			Vice President Name N/A		
Street Address 19 Anchorage Way			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Gene Fontaine			Treasurer Name Michael Fontaine		
Street Address 19 Anchorage Way			Street Address 291 Country Club Drive		
City Barrington	State RI	Zip 02806	City Warwick	State RI	Zip 02888
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gene Fontaine			Director Name Michael Fontaine		
Street Address 19 Anchorage Way			Street Address 291 Country Club Drive		
City Barrington	State RI	Zip 02806	City Warwick	State RI	Zip 02888
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000 COMM	\$1.00 PAR VALUE		20,000	Common Stock	\$1.00

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



* 1 1 5 0 0 6 *

115006 FBC2/5/0310:41:26 AM
File Date <u>2-21-03</u>
Check No. <u>1591</u>
By: <u>1UP</u>
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 of Officer

Date

Gene Fontaine
Print or Type Name of Officer

President
Title of Officer

2/11/03



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



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

115006

e-source, Inc.

3. Street Address Principal Business Office

150 CHESTNUT ST.

City

PROVIDENCE

State

RI

Zip

02903

4. Business Phone No.

401-278-4141

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

2618

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

GENE FONTAINE

Vice President Name

Street Address

8 PRATT ST.

Street Address

City

PROVIDENCE

State

RI

Zip

02906

City

State

Zip

Secretary Name

Treasurer Name

MICHAEL FONTAINE

Street Address

Street Address

291 COUNTRY CLUB DR.

City

State

Zip

City

State

Zip

WARWICK

RI

02888

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) 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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

200,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

20,000

COMMON STOCK \$1.00

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



* 1 1 5 0 0 6 *

File Date: 1-22-02

Check No.: 2485

By: [Signature]

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 of Officer

Date

GENE FONTAINE

Print or Type Name of Officer

PRESIDENT

Title of Officer



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~~ NO FEE

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation
115006 e-source, Inc.

3. Street Address Principal Business Office

City State Zip
Providence RI 02903

4. Business Phone No. 5. State of Incorporation
(401)278-4141 Massachusetts

6. SIC Code
2618

7. Brief Description of the Character of Business Conducted in Rhode Island

Resellers of board level computer 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

8 Pratt St.

City State Zip
Providence RI 02906

Secretary Name

Treasurer Name

Gene Fontaine

Michael Fontaine

Street Address

Street Address

8 Pratt St.

291 Country Club Dr.

City State Zip City State Zip
Providence RI 02906 Warwick RI 02888

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Gene Fontaine

Michael Fontaine

Street Address

Street Address

8 Pratt St.

291 Country Club Dr.

City State Zip City State Zip
Providence RI 02906 Warwick RI 02888

Director Name

Director Name

Street Address

Street Address

City State Zip City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

200,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

\$20,000 COMMON STOCK \$1.00

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

File Date: 2/1/02

Check No.: 915

By: [Signature]

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 of Officer

Date

Gene Fontaine

Print or Type Name of Officer

President

Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 115006 2. Name of Corporation e-source, Inc.
3. Street Address Principal Business Office 24 Center Street City Newburyport State MA Zip 01950
4. Business Phone No. 978-465-5333 5. State of Incorporation Massachusetts 6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island wholesale distribution of electronic components and computer products.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Gene Fontaine</u> Street Address <u>8 Pratt Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02906</u> Secretary Name <u>Gene Fontaine</u> Street Address <u>8 Pratt Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02906</u>	Vice President Name <u>NONE</u> Street Address City State Zip Treasurer Name <u>Michael Fontaine</u> Street Address <u>291 Country Club Road</u> City <u>Warwick</u> State <u>RI</u> Zip <u>02888</u>
--	---

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>Gene Fontaine</u> Street Address <u>8 Pratt Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02906</u> Director Name <u>NONE</u> Street Address City State Zip	Director Name <u>Michael Fontaine</u> Street Address <u>291 Country Club Road</u> City <u>Warick</u> State <u>RI</u> Zip <u>02888</u> Director Name <u>NONE</u> Street Address City State Zip
---	---

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>200,000</u>	<u>N/A</u>	<u>NO PAR</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>20,000</u>	<u>N/A</u>	<u>NO PAR</u>

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

File Date: 3/5
1958
Check No.: 2
By: _____

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 of Officer

Gene Fontaine

Print or Type Name of Officer

President

Title of Officer