



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No 114010 2 Name of Corporation CableLAN Products, Inc.
3 Street Address Principal Business Office 8 SHERWOOD DRIVE City NORFOLK State MA Zip 02056
4 Business Phone No 5083877811 5 State of Incorporation MASSACHUSETTS 6 SIC Code

7 Brief Description of the Character of Business Conducted in Rhode Island
DISTRIBUTION OF PREMISE WIRING PRODUCTS

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

President Name Jan S. Pirrong Street Address 14650 Eagle Ridge Drive City Fort Myers State FL Zip 33912 Secretary Name Street Address City State Zip	Vice President Name Street Address City State Zip Treasurer Name Street Address City State Zip
--	---

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

Director Name Jan S. Pirrong Street Address 14650 Eagle Ridge Drive City Fort Myers State FL Zip 33912 Director Name Oliver O. Ward Street Address 8 Sherwood Drive City Norfolk State MA Zip 02056	Director Name Frank Haydu Street Address 8 Sherwood Drive City Norfolk State MA Zip 02056 Director Name Street Address City State Zip
--	---

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☒

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,200,000 .01 PAR VALUE

see attached

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☒

ISSUED SHARES
Number of Shares Class/Series Par Value
286,873 \$0.01

see attached

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



114010 FBC 02/04/05 11:27:32 AM

File Date 6/23/05
Check No 27007
By DA

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 Jan Pirrong Date 6/20/05
Print or Type Name of Officer JAN S. PIRRONG

Title of Officer PRESIDENT

CableLAN Products, Inc.

EXPRESS SUPPLIERS OF LAN PRODUCTS

Attachment to Rhode Island 2005 Annual Report
Corporate ID 114010

10. Authorized Shares

Number	Class	Par
400,000	Common	0.01
50,000	Preferred A	0.01
20,371	Preferred B	0.01
50,000	Preferred C	0.01

11. Issues Shares

Number	Class	Par
175,000	Common	0.01
39,001	Preferred A	0.01
20,371	Preferred B	0.01
34,501	Preferred C	0.01



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. 114010		2. Name of Corporation CableLAN Products, Inc.			
3. Street Address Principal Business Office 8 SHERWOOD DRIVE			City NORFOLK	State MA	Zip 02056-
4. Business Phone No. 5083877811		5. State of Incorporation MASSACHUSETTS			6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island DISTRIBUTION OF PREMISE WIRING PRODUCTS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jan Pirrong			Vice President Name none		
Street Address 8 Sherwood Drive			Street Address none		
City Norfolk	State MA	Zip 02056	City none	State none	Zip none
Secretary Name E. Gadsby, Jr.			Treasurer Name Jan Pirrong		
Street Address 155 Seaport Blvd			Street Address 8 Sherwood Drive		
City Boston	State MA	Zip 02210	City Norfolk	State MA	Zip 02056
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name O. Ward			Director Name none		
Street Address 8 Sherwood Drive			Street Address none		
City Norfolk	State MA	Zip 02056	City none	State none	Zip none
Director Name F. Haydu			Director Name none		
Street Address 8 Sherwood Dr			Street Address none		
City Norfolk	State MA	Zip 02056	City none	State none	Zip none
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,200,000	.01 PAR VALUE		175000	Common	1,750
			39001	Pref A	390

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



1 1 4 0 1 0

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.

Jan Pirrong 7/9/04
Signature of Officer Date
Jan Pirrong
Print or Type Name of Officer
President
Title of Officer

114010 FBC 07/07/04 02:57:57 PM

File Date _____

Check No. 05858

By: JL 15 2004

FOR SECRETARY OF STATE USE ONLY

CableLAN Products, Inc.
EXPRESS SUPPLIERS OF LAN PRODUCTS

Attachment 1 to RI 630, 2004

Continuation of Section 11

20,371 Preferred B, \$204 par value total

34,501 Preferred C, \$345 par value total



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

114010

CableLAN Products, Inc.

3. Street Address Principal Business Office

8 Sherwood Drive

City

Norfolk

State

MA

Zip

02056

4. Business Phone No.

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

421600

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

Distributor of Telecommunications Products

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Jan S. Pirrong

Vice President Name

Street Address

28 Lafayette Ln

Street Address

City

Norfolk

State

MA

Zip

02056

City

State

Zip

Secretary Name

E. Gadsby, Jr.

Treasurer Name

Street Address

155 Seaport Blvd

Street Address

City

Boston

State

MA

Zip

02210

City

State

Zip

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

O.O. Ward

Director Name

Street Address

8 Sherwood Dr

Street Address

City

Norfolk

State

MA

Zip

02056

City

State

Zip

Director Name

F. Haydu

Director Name

Street Address

8 Sherwood Dr

Street Address

City

Norfolk

State

MA

Zip

02056

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,200,000 .01 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

175,000

Common

0.01

\$ 1,750

39,001

Prst A

0.01

\$ 390

20,371

Prst B

0.01

\$ 204

34,501

Prst C

0.01

\$ 345

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



* 1 1 4 0 1 0 *

FILED

File Date: MAR 20 2003

Check No.: By GAD 19793

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 Jan S. Pirrong Date

Print or Type Name of Officer President

Title of Officer 5



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. 114010 2. Name of Corporation CableLAN Products, Inc.
3. Street Address Principal Business Office 8 SHERWOOD DRIVE City NORFOLK State MA Zip 02056
4. Business Phone No. 508-384-7811 5. State of Incorporation MASSACHUSETTS 6. SIC Code 421600

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

DISTRIBUTION OF TELECOMMUNICATIONS PRODUCTS

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

President Name JAN S. PIRRONG Vice President Name _____
Street Address 8 SHERWOOD DRIVE Street Address _____
City NORFOLK State MA Zip 02056 City _____ State _____ Zip _____
Secretary Name Z. N. GAOSBY, JR Treasurer Name _____
Street Address FOLBY, HOBBS & ELIOT, 1 POST OFFICE SQ Street Address _____
City BOSTON State MA Zip 02109 City _____ State _____ Zip _____

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

Director Name JAN S. PIRRONG Director Name FRANK HAYDU, III
Street Address 8 SHERWOOD DRIVE Street Address 8 SHERWOOD DRIVE
City NORFOLK State MA Zip 02056 City NORFOLK State MA Zip 02056
Director Name OLIVER O. WARD Director Name _____
Street Address 8 SHERWOOD DRIVE Street Address _____
City NORFOLK State MA Zip 02056 City _____ State _____ Zip _____

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

AUTHORIZED SHARES

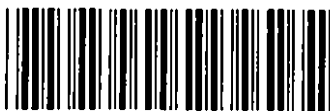
Number of Shares	Class/Series	Par Value
1,200,000	.01 PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
175,000	COMMON	.01
39,001	SERIES A PREF	.01
20,371	SERIES B PREF	.01
34,501	SERIES C PREF	.01

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



* 1 1 4 0 1 0 *

File Date: 3.11.02
Check No.: 18604
By: 2

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 Jan Pirrong Date 1/12/02

Print or Type Name of Officer JAN S. PIRRONG

Title of Officer PRESIDENT



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

Corporations Division
100 North Main Street, Providence, RI 02903-133
401-222-304



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. 114010		2. Name of Corporation CableLAN Products, Inc.			
3. Street Address Principal Business Office 8 Sherwood Drive			City Norfolk	State MA	Zip 02056
4. Business Phone No. 508-384-7811		5. State of Incorporation MA		6. SIC Code 2618	
7. Brief Description of the Character of Business Conducted in Rhode Island Warehouse for premises wiring products					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAN PIRONG			Vice President Name Kenneth Rowe		
Street Address 8 Sherwood Drive			Street Address 8 Sherwood Drive		
City Norfolk	State MA	Zip 02056	City Norfolk	State MA	Zip 02056
Secretary Name Ed Gadsby, JR			Treasurer Name JAN PIRONG		
Street Address 1 Post Square			Street Address SAME		
City Boston	State MA	Zip 02110	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name FRANK HAYDU			Director Name Oliver WARD		
Street Address 8 Sherwood Drive			Street Address 8 Sherwood Drive		
City Norfolk	State MA	Zip 02056	City Norfolk	State MA	Zip 02056
Director Name Oliver WARD JAN PIRONG			Director Name NONE		
Street Address 8 Sherwood Drive			Street Address NONE		
City Norfolk	State MA	Zip 02056	City NONE	State NONE	Zip NONE
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 1,200,000	Class/Series	Par Value 12,000	Number of Shares 268,873	Class/Series	Par Value 2689

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

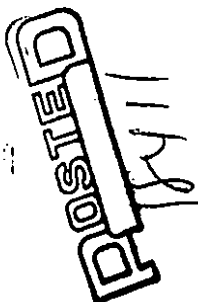
10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

File Date: **10-29-01**

Check No.: **18131**

By: **2**

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: **JAN PIRONG** Date: **10/2/01**

Print or Type Name of Officer: **JAN PIRONG**

Title of Officer: **PRESIDENT**



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

| | | | |
|--|--------------------|---|----------------------------|
| 1. Corporate ID No.
<u>87583</u> | | 2. Name of Corporation
<u>CableLan Products of Rhode Island, Inc.</u> | |
| 3. Street Address Principal Business Office
<u>61 Dewey Avenue</u> | | City
<u>Warwick</u> | State
<u>RI</u> |
| 4. Business Phone No.
<u>(401) 737-4200</u> | | 5. State of Incorporation
<u>RI</u> | 6. SIC Code
<u>8888</u> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island
<u>Distributor of premise wiring products</u> | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) | | | |
| President Name
<u>Jan S. Pirrong</u> | | Vice President Name
<u>none</u> | |
| Street Address
<u>28 Lafayette Avenue</u> | | Street Address | |
| City
<u>Norfolk</u> | State
<u>MA</u> | City | State |
| Zip
<u>02056</u> | | Zip | |
| Secretary Name
<u>Edward N. Gadsby</u> | | Treasurer Name
<u>Jan S. Pirrong</u> | |
| Street Address
<u>Foley, Hoag & Eliot LLP</u>
<u>One Post Office Square</u> | | Street Address
<u>28 Lafayette Avenue</u> | |
| City
<u>Boston</u> | State
<u>MA</u> | City
<u>Norfolk</u> | State
<u>MA</u> |
| Zip
<u>02109</u> | | Zip
<u>02056</u> | |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) | | | |
| Director Name
<u>Jan S. Pirrong</u> | | Director Name
<u>Oliver Ward</u> | |
| Street Address
<u>28 Lafayette Avenue</u> | | Street Address
<u>Geranium Power Devices</u>
<u>7 Manor Parkway</u> | |
| City
<u>Norfolk</u> | State
<u>MA</u> | City
<u>Salem</u> | State
<u>NH</u> |
| Zip
<u>02056</u> | | Zip
<u>03079</u> | |
| Director Name
<u>Frank Haydu</u> | | Director Name | |
| Street Address
<u>P.O. Box 514</u>
<u>4 Village Hill Road</u> | | Street Address | |
| City
<u>Dover</u> | State
<u>MA</u> | City | State |
| Zip
<u>02030</u> | | Zip | |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) | | | |
| ISSUED SHARES | | | |
| Number of Shares | Class/Series | Par Value | |
| <u>2000</u> | <u>Common</u> | <u>\$.01</u> | |
| 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) | | | |
| Number of Shares | Class/Series | Par Value | |
| <u>2000</u> | <u>Common</u> | <u>\$.01</u> | |

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

FILED

File Date: AUG 29 2000

Check No.: EXP 250124

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] 7/28/2000
Signature of Officer Date

Jan S. Pirrong

Print or Type Name of Officer
President

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Certificate ID No.

2. Name of Corporation

CableLan Products of Rhode Island, Inc.

3. Street Address Principal Business Office

61 Dewey Avenue

City
Warwick

State
RI

Zip
02886

4. Business Phone No.

(401) 737-4200

5. State of Incorporation

RI

6. SIC Code
8888

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

Distributor of premise wiring products

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Jan S. Pirrong

Vice President Name

none

Street Address

28 Lafayette Lane

Street Address

City
Norfolk

State
MA

Zip
02056

City

State

Zip

Secretary Name

Edward N. Gadsby

Treasurer Name

Jan S. Pirrong

Street Address

Foley, Hoag & Eliot LLP
One Post Office Square

Street Address

28 Lafayette Lane

City

Boston

State

MA

Zip

02109

City

Norfolk

State

MA

Zip

02056

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

Director Name

Jan S. Pirrong

Director Name

Oliver Ward

Street Address

28 Lafayette Lane

Street Address

Geranium Power Devices
7 Manor Parkway

City

Norfolk

State

MA

Zip

02056

City

Salem

State

NH

Zip

03079

Director Name

Frank Haydu

Director Name

Street Address

P.O. Box 514
4 Village Hill Road

Street Address

City

Dover

State

MA

Zip

02030

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

2000

Class/Series

Common

Par Value

\$.01

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

ISSUED SHARES

Number of Shares

2000

Class/Series

Common

Par Value

\$.01

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

File Date: FILED

Check No.: AUG 20 2000

By: Jan S. Pirrong

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.

Jan S. Pirrong 7/28/2000
Signature of Officer Date

Jan S. Pirrong

Print or Type Name of Officer

President

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **87583** 2. Name of Corporation **EM Network Products, Inc.**

3. Street Address Principal Business Office
193 Railroad Street

City **Woonsocket**

State **RI**

Zip **02895**

4. Business Phone No.

5. State of Incorporation
RHODE ISLAND

6. SIC Code

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

To distribute stock cable and network hardware used in the installation of computers, telephones and/or video networks

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

David P. Strickler

Street Address

193 Railroad Street

City **Woonsocket** State **RI** Zip **02895**

Secretary Name

David P. Strickler

Street Address

193 Railroad Street

City **Woonsocket** State **RI** Zip **02895**

Vice President Name

Street Address

City **Woonsocket** State **RI** Zip **02895**

Treasurer Name

David P. Stricker

Street Address

193 Railroad Street

City **Woonsocket** State **RI** Zip **02895**

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

Director Name

Street Address

City **Woonsocket** State **RI** Zip **02895**

Director Name

Street Address

City **Woonsocket** State **RI** Zip **02895**

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

2,000 SHS \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

200

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



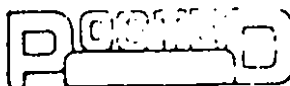
* 8 7 5 8 3 *

File Date: **3/3/98**

Check No.: **056367**

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.

David P. Strickler **3/3/98**
Signature of Officer Date

David P. Strickler

Print or Type Name of Officer

President

Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87583** 2. Name of Corporation **EM Network Products, Inc.**
3. Street Address Principal Business Office **61 Dewey Ave** City **Warwick** State **RI** Zip **02886**
~~193 Railroad Street~~ ~~Woonsocket~~
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To distribute stock cable and network hardware used in the installation of computers, telephones and/or video networks

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **David P. Strickler** Vice President Name **N/A**
Street Address **61 Dewey Ave** Street Address
~~193 Railroad Street~~
City **Warwick** State **RI** Zip **02886** City State Zip
~~Woonsocket,~~
Secretary Name **David P. Strickler** Treasurer Name **David P. Strickler**
Street Address **61 Dewey Ave.** Street Address **61 Dewey Ave**
~~193 Railroad Street~~ ~~193 Railroad Street~~
City **Warwick** State **RI** Zip **02886** City **Warwick** State **RI** Zip **02886**
~~Woonsocket~~ ~~Woonsocket~~

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

Director Name **N/A** 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 AND ISSUED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|-------------------|--------------|-----------|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 2,000 SHS | \$1.00 | PAR VALUE | 200 | | |

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



File Date: **2/11/97**
Check No.: **1800**
By: **W**

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.

David P Strickler 2/5/97
Signature of Officer Date

DAVID P STRICKLER
Print or Type Name of Officer

Title of Officer