

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 190 North Main Street, Providence, RI 02903-1335 401 222 3040

Form 629 12-01

PROFIT CORP	ORATION	ANNUAL REI	PORT FOR THE	YEAR 2005	401 322
FORM MUST BE TYPED I	V BLACK)	•			
/ Corporate ID No 114010	2 Name of Corpo CableLAN F	ration Products, Inc.		·	•
3 Street Address Principal Bi	ismess Office	100 2010 , 1110.	Cay	Store	Ζιρ
8 SHERWOOD DRIVE	Š		NORFOLK	MA	02056-
<i>l Business Phone Na</i> - 5083877811	,	5 State of Incorpora			6 SIC Code
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DISTRIBUTION OF PR					
8. NAMES AND ADDRE President Name Jan S. Pirrong	ESSES OF THE OF	TICERS' ("X" BOX FOR	ATTACHMENT)	ACES BEFORE USING	GATTACHMENTS
Street Address			Street (ddress		
14650 Ragle Ridg	e Drive				
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Fort Myers	FL	33912	•		• •
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Stre e t Address		ļ	Sirvet Address		
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9. NAMES AND ADDRE Onecial Name Jan S. Pirrong	SSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) ☐ FILL IN S Director Name Frank Haydu	SPACES BEFORE USIN	NG ATTACHMENTS
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Fort Myers	FL	33912	Nortolk	MA	02056
Duector Name Oliver O. Ward			Director Name		
ire# 3ddress			Sirver Address		
3 Sherwood Drive					
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Norfolk	MA 	02056			
IO. SHARES AUTHORIZ	LED <i>("X" BOX FOR</i> .	ATTACHMENT) 🛮	11. SHARES ISSUED ("X	" BOX FOR ATTACHM	ENT) 🖸
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his report must be sign	ned in ink by eithe	r the President, Vice	President, Secretary, Assis	tant Secretary, Trea	isurer, Receiver or Trus
	0 1 0		this report, including		in that I have examined nedules and statements.
*114010 FBC 02/04/0 File Date 4 2	3 05	-	Swinding of Office	Morroy	6/20/05
Theck No 2 7	7 00 7 A	-	Print or type Name of	S. PIRROL	16-
<u> </u>	rı		Do o	SIDENT	

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	i
20,371	Preferred B	0.01	\dashv
34,501	Preferred C	0.01	



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 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation CableLAN Products, Inc. 114010 3. Street Address Principal Business Office Cin State Zip 8 SHERWOOD DRIVE NORFOLK MA 02056-J. Business Phone No. 5. State of Incorporation 6. SIC Code **MASSACHUSETTS** 5083877811 2618 7. Brief Description of the Churocter 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 Vice President Name Jan Pirrong . none Street Address Street Address 8 Sherwood Drive , none City Siale Cin State Zip MA Norfolk 02056 none none none Secretary Name Treasurer Name Jan Pirrong E. Gadsby, Jr. Sireei Address Street Address 8 Sherwood Drive 155 Seaport Blvd Zip Cin Ciņ State State Zip Boston MA 02210 Norfolk MA 02056 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) I FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name none O. Ward Street Address Street Address none 8 Sherwood Drive Cin State Zip City State Zip Norfolk MA 02056 none none none Director Name Director Name F. Haydu none Street Address Sircei Address none 8 Sherwood Dr C'n Cin State Stole Z_p MA 02056 none none Norfolk none 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [7] AUTHORIZED SHARES ISSUED SHARES Class'Series Number of Shares Class/Series Par Value Par Value Number of Shares 175000 Common 1,750 1,200,000 .01 PAR VALUE 39001 Pref A 390 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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. *114010 FBC 07/07/04 02:57:57 PM*

Sighayire of Officer Jan Pirrong Print or Type Name of Officer President Title of Officer Form 630 12/01

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

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

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FORM MUST BE TYPED OR PRINTE			•			
1. Corporate ID No. 114010	2. Name of Corporation CableLAN Pro					
3. Street Address Principal Business O		oucts, inc.	City	'State	Zip.	
8 Shew		Ne	1 Joseph	$M\Theta$	13080	
4. Business Phone No.		S. State of Incorporation			6. SIC Code	
208.38H-119		MASSACHUSET	TS		49161	<i>99</i>
7. Brief Description of the Character o	Business Conducted in R	thode Island	- P. 1 L			
ンらだらいて 8. NAMES AND ADDRESS!	$\gamma_{\rm o} \sim \gamma_{\rm o}$	ERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	BEFORE USING ATTAC	UMENTS	
Fresident Name	A	ERS (A BOX FOR ATTAC	Vice President Name	BEFORE USING ATTAC	HINE 112	
Jan J.	Pirrong					_
8. NAMES AND ADDRESS! President Name Jan Street Address 28 Lafay City Norfok	ette hr		Street Address			1
City N 1 1/	State	02056	City	State	Zip	
NOUTOL	. MA	. 0205.	•		* * * ****	
secretary Name E. Gadsby	. Jr.		· Treasurer Name			
Street Address		-	: Street Address		→	
Street Address 155 Seap	ot Bluf					•
Boston	State MA	Zip 02210	City	State	Zip	
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS	
Director Name ().0, Ward			Director Name			
Street Address			Street Address			
& Sherwa	ed Dr					
city No rfdlk		Zip	City	State	2.ip	i
		02036			4 4·	
Director Name F. Haydu Street Address 8 Sherwood			Director Name			
Street Address			Street Address			
8 Sherwoo	od Dr					
City A .	State	Zip	City	State	ZIp	
Nortolk	MA	02056	_			
10. SHARES AUTHORIZED	("X" BOX FOR ATTAC	HMENT)		("X" BOX FOR ATTACHMENT.)	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	SSUED SHARES Number of Shares	Class/Series	Par Value 🕳	
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1,200,000 .01 PAR VALUE			39,001 20,311 34,501		0.01 \$	390
			20,371	Prot A Prot B	0.01	204
 			34,501	Prefic	0.01	345
This report must be signe	d in ink by eithe	r the President, Vice	President, Secretary, Ass	istant Secretary, Treasu	irer, Receiver or T	rustee
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file Date:	FILED
Theck No.:	MAR 2 0 2003
ir:	By 6 M 19793
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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

Jan S. Pirr	org	
Print or Type Name of Officer	- 2	
President		

Form 630 12/02

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

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				PLEASY RI INSTRUCTI
2. Name of Corporati	lon			
	oducts, Inc.			
OD DRIVE		NORFOLK	State MA	02056
7811	5. State of Incorporation MASSACHUSET	тѕ		6. SIC Code 421600
now of Te	EUECOUN WICATI	ous phoduas		
S OF THE OFFIC	CERS (*x* box for attac	HMENT) FILL IN SPACES BE	FORE USING ATTACHM	IENTS
RONG		Vice President Name		
OC DRIVE		Street Address		
State MA	02056	Спу	State	Zip
by, Jr		Treasurer Name	• • • • • • • • • • • • • • • • • • • •	
	POST OFFICE SQ	* Street Address		
MA	02109	City :	State	Zip
S OF THE DIRE	CTORS ("X" BOX FOR ATI	ACHMENT) FILL IN SPACES	BEFORE USING ATTACH	IMENTS
ONG-		Director Name FRANK H	AYDU, IIL	
D DRIVE		Street Address 8 SHERV	NOOD DRIVE	
State MA	02056	NOR FOLK	State MA	^{z1} 02056
cumu.		Director Name		
D DRIVE		Street Address		
State MA	02056	City	State	Zip
"X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X* ISSUED SHARES	BOX FOR ATTACHMENT)	•
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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		•	SERIES C Par	f .01
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date:		
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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

JAN S. PIRCONE

Print or Type Name of Officer

Title of Officer

اد الحوجة

Form 630 12/01



Corporations Divisio . 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		Products, Inc.			
	Sherwood		Norfolk Norfolk	State MA	02056
4 Business Phone No. 508 - 384	<u> </u>	S. State of Incorporation	A		6. SIC Code 2618
7. Brief Description of the Character of Larerboys		nises wiring pro	ducts		
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS ("X" BUX FOR ATTACHM	(ENT) OFILL IN SPACES BEF	ORE USING ATTACHM	ENTS
President Name JAN PIA	RONG			Rowe	
	wood Drive	<u> </u>	 	wood Orive	
Perfolk	State	02056	co Nortik	State	02056
Secretary Name Ed Gas	lsby JR		TAN P	icaoNG-	
Street Address Post	Square	_	Street Address	me_	
Buston	MA	02110	City	State	Zip
9. NAMES AND ADDRESSE	S OF THE DIRECT	TORS ("X" BOX FOR ATTAC	HMENT) DFILL IN SPACES B	EFORE USING ATTACH	MENTS
Director Name FANK H	AYDU		Director Name Oliver	WARD	
Street Address P She	rwood Mi	JE	Street Address &	erwood Orive	پ
Nortolk	State MA	0205C	City Withik	State	02056
Director Nume	(ज्यम्म)	TAN PIRRONG	Director Name	الح	
Street Address & Sh	erwood Da	eive	Street Address	NE	
Nortolk	State MA	2ip 02056	City.	NOWE	NO NE
10. SHARES AUTHORIZED	("X" BOX FOR ATTACE	IMENT)	11. SHARES ISSUED (*x*)	BOX FOR ATTACHMENT))
AUTHORIZED SIMPLES			ISSUED SHARES		
Number of Shares	Class/Series	· Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed	i in ink by either	the rresident, vice Pi	esident, secretary, Assista	nt secretary, freasurer	, Receiver of Huster
		(C)			
			-		35

File Date: 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

Signique of Officer JAN PIRRONG



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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P. NAMES AND ADDRESSES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT) Director Name Jan S. Pirrong Street Address 28 Lafayette Avenue City Norfolk MA 02056 Director Name Frank Haydu Street Address P.O. Box 514 4 Village Hill Road City State Zip O2030 City Street Address Address City Street Address City State Zip O2030 City State Zip	
A Dewey Avenue A Dewey Avenue	
A stirif Description of the Character of Business Conducted in Rhode Island Distributor of premise wiring products 3. NAMES AND ADDRESSES OF THE OFFICERS ('x' BOX FOR ATTACHMENT) Integration Name 3. NAMES AND ADDRESSES OF THE OFFICERS ('x' BOX FOR ATTACHMENT) Integration Name 2. Pirrong Integration Name Integr	
An Ames and address of the officers (*x* box for attachment) **Tright Name** Pirrong **Street Address** **State** MA **State** MA **State** MA **State** Address** **State** MA **State** Address** **State** MA **State** Address** **State** Addr	8
Vice President Name none Street Address Foley, Hoag & Eliot LLP One Post Office Square City Boston MA Street Address P.O. Box 514 4 Village Hill Road City Street Address Street Ad	
Tafayette Avenue Thorfolk State MA State MA	
Norfolk MA O2056 Sirect Address Foley, Hoag & Eliot LLP One Post Office Square City Boston NAMES AND ADDRESSES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT) Director Name Jan S. Pirrong Street Address 28 Lafayette Avenue Oliver Ward Street Address Street Address Street Address City State O2056 Salem O307 Director Name Frank Haydu Street Address P.O. Box 514 4 Village Hill Road City State Street Address City State O2056 State City State O2056 State O2056 Street Address Street Address Street Address Street Address Street Address O307 O	
Edward N. Gadsby Street Address Foley, Hoag & Eliot LLP One Post Office Square City Boston MA City Boston MA City Boston City Boston MA City City City City City City City Cit	
One Post Office Square City Boston MA City City City City City City City Cit	
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Jan S. Pirrong Street Address 28 Lafayette Avenue City State Norfolk Director Name Frank Haydu Street Address 4 Village Hill Road Director Name Jan S. Pirrong Street Address Street Address Geranium Power Devices 7 Manor Parkway City State Street Address Oliver Ward Oliver Ward Street Address Geranium Power Devices 7 Manor Parkway City State Zip O307	056
28 Larayette Avenue 7 Manor Parkway City State Zip City State Zip Norfolk MA 02056 Salem NH 0307 Director Name Director Name Frank Haydu Street Address P.O. Box 514 4 Village Hill Road City State Zip 00030 City State Zip	
Norfolk MA 02056 Salem NH 0307 Director Name Frank Haydu Street Address P.O. Box 514 4 Village Hill Road City State Zip 00030 City State Zip	
Street Address P.O. Box 514 4 Village Hill Road City State Zip 0.0.20 City State Zip	19
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Dover MA 02030	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES	
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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Check No.:	AUG 2 9 2000
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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.

28 / 200 O

Jan S. Pirrong

Print or Type Name of Officer President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR /999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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FORM MUST BE TYPED IN BLA	(CK)				
, Carnorate ID No.	2. Name of Corporati CableLan	Products of F	Rhode Island,		
3. Street Address Principal Business 61 Dewey Avenu			Warwick	State RI	ď2886
1. Business Phone No. (401) 737-4200		5. State of Incorporation R I			e. 8888
7. Brief Description of the Characte Distributor of	r of Business Conducted in premise wi	Rhode Island ring products			
B. NAMES AND ADDRES President Name Jan S. Pirrong		CERS ("X" BOX FOR ATTAC	HMENT) Vice Presiden 취원년		
Z8 Lafayette L	ane		Street Address		
Norfolk	State MA	^{zip} 02056	City	State	Zip
Édward N. Gads	by	·•	Treasurer Name Jan	S. Pirrong	•
Street Address Foley, One Po's	Hoag & Elio t Office Sq	t LLP uare	Street Address 28 Lafay	ette Lane	
Boston	State MA	02109	Norfol	.k State MA	^{zip} 02056
9. NAMES AND ADDRES Director Name Jan S. Pi		CTORS (*X* BOX FOR ATT	ACHMENT) Director Name Oliver	Ward	
Street Address 28 Lafayet			Street Address Gerani 7 Mano	lum Power Devic or Parkway	ces
Norfolk	State MA	^{zip} 02056	City Salem	State NH	^{zip} 03079
Director Name Frank Hay	, du	•	Director Name	·	
Street Address P.O. BOX 4 Villag	c 514 ge Hill Road	i	Street Address		
City Dover	State MA	^{z1p} 02030	City	State	Zip
10. SHARES AUTHORIZI AUTHORIZZO SHARES	ED (*x* box for atta	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	τ)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

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File Date:	Fit ED	<u> </u>
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By:	PUDMID 251/74 ARY OF PINTE USE ONLY	

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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.

Common

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Jan Monor

Jan S. Pirrong

Print or Type Name of Officer

President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

2,000 SHS \$1.00 PAR VALUE

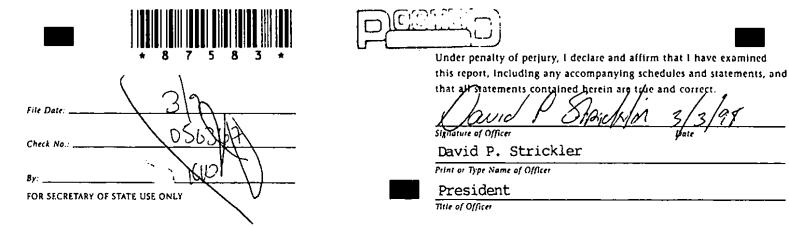
1. Corporate ID No. **87583**

2. Name of Corporation EM Network Products, Inc.

3. Street	Address Principal Business O 193 Railroad			Woonsocket	State RI	^z '02895	
l. Busin	ess Phone No.		5. State of Incorporation RHODE ISLA			6. SIC Code	
r. Brief . To d	Description of the Character of istribute stock	of Business Conducted in cable and I	Rhode Island network hardwar	e used in the instal	llation of comp and/or video r	outers, telephones etworks	
B. NA Presiden	MES AND ADDRESS 1 Name	ES OF THE OFFIC	CERS (*X* BOX FOR ATT)	ACHMENT) Vice President Name	4.10, 01 12,000		
itreet Ac	David P. Str:	ickler		Street Address			
	193 Railroad	Street		•			
City	Woonsocket	State RI	zip 02895	City	State	Zip	
iecretar)	Name David P. Str	ickler	·	David P. Strick	ker	• • • • • • •	
ineel Address 193 Railroad Street				Street Address 193 Railroad Street			
City	Woonsocket	State RI	zip 02895	City Woonsocket	State RI	^{Zip} 02895	
). NA Director	MES AND ADDRESS Name	ES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) Director Name			
itreet Ad	Idress			Street Address			
City		State	Zip	City	State	Zip	
Olrector	Name			Director Name		•	
itreet Ad	ddress			Street Address			
City		State	Zip	City	State	Zip	
_	IARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACHMEN	Τ)	
-	IZED SHARES			ISSUED SHARES	- · · · ·		
vumber	of Shares	Ciass/Series	Par Value	Number of Shares	Class/Series	Par Value	

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

200





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.

2. Name of Corporation

87583

4. Business Phone No.

EM Network Products, Inc.

3. Street Address Principal Business Office

193 Railroad Street 6/ Dewey Ave

Warwick Woonsocket

State

RI

6. SIC Code

0288L 02895

5. State of Incorporation **RHODE ISLAND**

7.	Brief	Description	of the Character	of Business	Conducted I	n Rhode Island	
	•						

To distribute stock o	able and network l	nardware used in th	ne installation of comput	ters, telephones and	Var video netwari
8. NAMES AND ADDRESS President Name David P. Strickle	ES OF THE OFFICE			•	
Street Address 19 3 Railroad Stre	et 61 Dewey	Ave	Street Address		
Woonsocket,	State RI	719 02886 02895	City	State	Zip
Secretary Name David P. Strickle	r		Treasurer Name David P. Strick	kler	
Street Address 1 93 Railroad Stre	et 61 Dewey.	Ave.	Street Address 1 93 Railroad S l	treet 61 Dewe	y Ave
cuy Merwick Woonsocket	State RI	zip 02886 8289 5	Woonsocket	State RI	zip ウジタム 02895
9. NAMES AND ADDRESS Director Name N/A	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) 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" B	OX FOR ATTACHMENT)	ISSUE) SHARES		
Number of Shares	Class/Series	l'ar 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

	* 8 7 5 8 3 *
Flie Date:	2/11/97
Check No.;	1808
Ву:	w
FOR SECRETARY	OF STATE LISE 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 STRICKICE DALLO Print or Type Name of Officer