



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

James R. Langevin, Secretary of  
Corporations D  
100 North Main Street, Providence, RI 02901  
401-222-2222

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

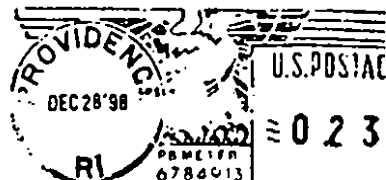
|                                                                                                                                   |       |                                                                          |                     |       |             |
|-----------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------|---------------------|-------|-------------|
| 1. Corporate ID No.<br><b>87583</b>                                                                                               |       | 2. Name of Corporation<br><b>CableLAN Products of Rhode Island, Inc.</b> |                     |       |             |
| 3. Street Address Principal Business Office                                                                                       |       |                                                                          | City                | State | Zip         |
| 4. Business Phone No.                                                                                                             |       | 5. State of Incorporation<br><b>RHODE ISLAND</b>                         |                     |       | 6. SIC Code |
| 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                                                                                                                    |       |                                                                          | Vice President Name |       |             |
| Street Address                                                                                                                    |       |                                                                          | Street Address      |       |             |
| City                                                                                                                              | State | Zip                                                                      | City                | State | Zip         |
| Secretary Name                                                                                                                    |       |                                                                          | Treasurer Name      |       |             |
| Street Address                                                                                                                    |       |                                                                          | Street Address      |       |             |
| City                                                                                                                              | State | Zip                                                                      | City                | State | Zip         |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 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      |       |             |

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RETURN SERVICE  
REQUESTED

PRESORTED  
FIRST CLASS



DEAN099\* 029063085 1898 15 12/30/98  
RETURN TO SENDER  
DEAN JOHN C  
155 S MAIN ST #3FL  
PROVIDENCE RI 02903-2963  
RETURN TO SENDER

AUTO

