

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

Form 630 12/01

PROFIT COR	PORATION v 1 - March 1 •	I ANNUAL RE Filing Fee: \$50.00	EPORT FOR THE	YEAR 2005	
FORM MUST BE TYPED	IN BLACK)	·			
I. Corporate ID No.	2. Name of Cor			· 	 -,,,,,,,
4617		Comfort, Inc.			
3. Street Address Principal i			City	State	Zip
46 BAKER STREET	r 		PROVIDENCE	RI	02905-
4. Business Phone No.		S. State of Incorp. RHODE ISL			6. SIC Code 3988
7. Brief Description of the C SALE OF PERIPHERI					
8. NAMES AND ADDE	RESSES OF THE O	FFICERS ("X" BOX FO	OR ATTACHMENT) Z FILL IN SP	ACES BEFORE USING AT	TACHMENTS
Jeffrey P. Cros	s		· Robert P. Cross	3	
Sireei Address			Street Address		
46 Baker Street	•		.46 Baker Street	:	
City	State	; Žip	City	State	Zip
Providence Secretary Name	RI	02905	Providence	RI	02905
Robert P. Cross			Robert P. Cross	•	
Street Address		····	* Street Address	,	
<i>3iren Madress</i> 46 Baker Street			.46 Baker Street		
City	State	Zip	City	State	Zip
Providence	RI	02905	. Providence	RI	02905
		. _	FOR ATTACHMENT) FILL IN		
			Director Name None		
None					
Street Address			• Sircei Address •		9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City	State	Zip	·City	State	7年 000
Director Name None			Director Name None		12.
Sireei Address	 		'Street Address		
Sireer Address			• Sirver Address		ي وي
City	Siaic	Zip	City	State	1200
10. SHARES AUTHOR	RIZED ("X" BOX F	OR ATTACHMENT)	II. SHARES ISSUED (*)	X" BOX FOR ATTACHMEN	יח ם
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
				1	
4,000 COMM NO PA	AR VALUE		3,000	Common	No Par Value
				! }	;
This report must be si	igned in ink by ei	ther the President, V.	ice President, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Trustee
	!				
4 6	1 7		Under penalty of pe	rjury, I declare and affirm	that I have examined
•			this report, includin	g any accompanying sche	dules and statements,
4617 DBC 01/04/0	05 02:26:58 PM		and that all statemen	nts contained herein are tr	ue and correct.
File Date 1 2 6	105		MIM C	1-2	0-05
	C		Signature of Officer		Date
Check No. Saya	٥	-	JEFFREY F	P. CROSS	
'V			Print or Type Name of	Officer	

President

Title of Officer

Computer Comfort, Inc.

NO. 4617

2005 ANNUAL REPORT

ATTACHMENT TO ITEM 8

8. Additional Officer:

Vice President

Robert H. Cross 46 Baker Street Providence, RI 02905

285867_1.doc

SECREDARY OF STAVE CORPORATIONS DIV



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	N ANNUA	L REPORT FOR	THE YEAR 2004
Ellima Daniad.	Tanana to Manual to A	C C .		

Filing Period: January	I - March 1 •	Filing Fee: \$50.00	ZOMI TOR THE			
(FORM MUST BE TYPED I	N BLACK)	_				
1. Corporate ID No.	2. Name of Co.	rporation				
4617	Planet	Battery, Inc.				
3. Street Address Principal B.	usiness Office	<u></u>	City	State	Zip	
46 BAKER STREET			PROVIDENCE	RI	02905-	
4. Business Phone No.		5. State of Incorpor		·	6. SIC Code	
		RHODE ISLA	AND		3988	
7. Brief Description of the Cl SALE OF PERIPHERA	naracter of Business (L COMPUTER PR	Conducted in Rhode Island			3300	
8. NAMES AND ADDRI	ESSES OF THE O	FFICERS ("X" BOX FO	RATTACHMEND OF FULLIN SE	ACES BEFORE USING A	TTACHMENTS	
Jeffrey P. Cross			Vice President Name Robert P. Cross	_		
Street Address			Street Address			
46 Baker Street			•	_		
City	State	Zip	. 46 Baker Street	<u> </u>		
Providence	RI	02905	City Providence	State	Zip	
Secretary Name	!		Treasurer Name	RI	02905	
Robert P. Cross			Robert P. Cross	•	•	
Street Address			* Street Address	·		
46 Baker Street			•			
City	State	Zip	.46 Baker Street			
Providence	RI	02905	City	State	Zip	
			. Providence	RI	02905	
Director Name	SOES OF THE U	IRECTORS[[-X"BOX F	OR ATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
None			· None			
Street Address	 -					
SIFEE NOUPES			Street Address		· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City	State	Zip	
Director Name		• • • • • • • • • • • • •	Director Name]	
None			None			
Street Address		•	Street Address		•	
City	State	Zip	City	<u> </u>		
•		2-μ	•	State	Zip	
IDASHARESAUTHORI	ZEDVEYE ROY FO		M control of the cont			
AUTHORIZED SHARES	ELD III A LAUX FC	ACATIACONIENTI)	ILISHARES ISSUED ("X	BOX FOR ATTACHSIEN		
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	In the	
			7 1	CILLIANSETIES	Par Value	
4,000 COMM NO PAF	R VALUE		3,000	Common	No Par Value	
This						
inis report must be sigi	n ea in ink by eil	ther the President, Vice	e President, Secretary, Assis	stant Secretary, Treasi	irer, Receiver or Trustee	
II BIBID BITCH	[8]] [8]					
4 6 1	7		II-detef			
	•		this concertionally of per	jury, I declare and affirm	that I have examined	
14647 000 00:00:0	ود و در طاد مهوای دو ده		uns report, including	any accompanying sched ts contained herein are tru	iules and statements,	
4617 DBC 02/03/04	NU AU TO AM		il h , V	es contamen nerein are th	ic and correct.	
File Date	2004	`:[IVW - C	7	- 4-04	

PRESIDENT

Signature of Officer

Print or Type Name of Officer

JEFFREY P. CROSS

Form 630 12/01

Planet Battery, Inc.

NO. 4617

2004 ANNUAL REPORT

ATTACHMENT TO ITEM 8

8. Additional Officer:

Vice President

Robert H. Cross 46 Baker Street Providence, RI 02905

285867_1.doc



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

FORM MUST BE TYPED I	N BLACK)	8				
1. Corporate ID No.	2. Name of Cor					
*4617 *	Computer	Comfort, Inc.				
3. Street Address Principal Bi	usiness Office		City	State	{Zip	
46 Baker Street			PROVIDENCE	RI	02905	
4. Business Phone No.		5. State of Incorpora	ation		6. SIC Code	
		RHODE ISLA	ND		. 3988	
7 Brief Description of the Cl SALE OF PERIPHERA	naracter of Business C L COMPUTER PRO	Conducted in Rhode Island ODUCTS				
8. NAMES AND ADDRI	esses of the o	FFICERS ("X" BOX FOR	ATTACHMENT) FILL IN SP	ACES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name			
Robert P. Cross			Melissa F. Cros			
Street Address			Street Address			
46 Baker Street			.46 Baker Street			
City	State	Zip	City	State	Zip	
Providence	RI	02905	Providence	RI	02905	
Secretary Name			Treasurer Name			
Robert P. Cross			Robert P. Cross			
Street Address			Street Address			
46 Baker Street		· · · · · · · · · · · · · · · · · · ·	.46 Baker Street		- 	
City	State	Zip	City	State	Zip	
Providence	RI	02905	. Providence	RI	02905	
9. NAMES AND ADDRI Director Name	ESSES OF THE D	RECTORS ("X" BOX FO	OR ATTACHMENT) FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
			Director Name			
None			None			
Struct Address			Street Address			
Ciry	State	Zip	·City	State	Zip	
Director Name]		Director Name			
None			None			
Street Address		•	. Street Address	. •		
City	State	Zip	City	State	Zip	
10. SHARES AUTHOR	ZED ("X" BOX FO	OR ATTACHMENT)	11. SHARES ISSUED ("X	BOX FOR ATTACHMEN	σ	
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
4,000 COMM NO PAR VALUE			100	Common	No Par Value	
This report must be sig	ned in ink by ei	ther the President, Vice	President, Secretary, Assis	stant Secretary, Treasi	urer, Receiver or Trustee	
	5 1 7 *		this report, including	jury, I declare and affirm 3 any accompanying sched	lules and statements,	
4617 DBC1/29/032:56:50 PM			and that all statements contained herein are true and correct.			

Signature of Officer

President

Title of Officer

Robert P. Cross
Print or Type Name 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

I KOIII COMIONIION	MINIONE RELORI	IONIIIL	ILAN	
Filing Period: January 1-March J 🔹	Filing Fee: \$50.00			
(FORM MUST BE TYPED IN BLACK)				

I. Corporate ID No.	2. Name of Corporation			_
4617	Computer Comfo	rt, Inc.		
3. Street Address Principal Bus	iness Office	City	State	Zip
325 Valley S	treet	Providence	RI	02908
1. Business Phone No.		5. State of Incorporation		6. SIC Code
ı		RHODE ISLAND		3988
7. Brief Description of the Cha	racter of Business Conducted in Rhod	e Island		

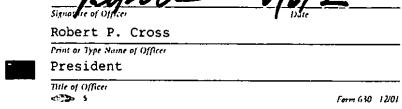
Robe Street Addres	ert P. Cross			Melissa F. Cross Street Address		
325 City	Valley Stree	t State	Zip	325 Valley Street	5 0. A.	
•				City	State	ZIp
PTO Secretary Nor	vidence me	RI	02908	Providence Treusurer Name	RI	02908
Robi Street Addres	ert P. Cross			Robert P. Cross Street Address		
325	Valley Stree	et.		325 Valley Street		
City		State	Zip	City	State	Zip
	C AND ADDRESS	C OF THE DID	ECTORS ("X" BOX FOR			
9. NAME: Director Nom Non	ne	S OF THE DIK	ECTORS (A BOX FOR	Director Name None	EFORE USING ATT	ACHMENIS
Director Nom	e e	Stote	Zip	Director Name	State	ZIP
Director Nom NOD Street Addres: City	e s			Director Name None Street Address		
Director Nam NOD: Street Addres: City Director Nam NOD:	e e s e			Director Name None Street Address City		Zip
Director Nom NOD Street Addres City Director Nom	e e s e			Director Name None Street Address City Director Name None		Zip
Non: Street Addres: City Director Nam Non: Street Addres:	e s s ES AUTHORIZED	State	Zip Zip	Director Name None Street Address City Director Name None Street Address	State	Zip Zip
Non- Street Address Oity Director Nam Non- Street Address	e s s ES AUTHORIZED	State	Zip Zip	Director Name None Street Address City Director Name None Street Address City 11. SHARES ISSUED (*X* E	State	Zip Zip

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



FOR SECRETARY OF STATE USE ONLY

* 4 6 1 7 *	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
1 18-00	that all statements contained herein are true and correct.
FILE Date: 4-18-02	· DMAN 2/1/2
47820	Signature of Officer Date
Check No.:	Robert P. Cross
$\Delta m F$	Print or Type Name of Officer



Zip

State



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

2001

City

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

1. Carporate ID No.

Number of Shares

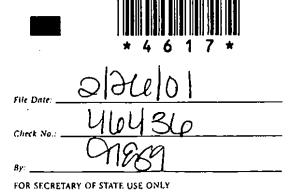
2. Name of Corporation Computer Comfort, Inc.

325 Valley Street Business Phone No.		5. SINGO IECOTOS	Providence	RI	02908 ^{6.} 3988
7. Brief Description of the Character o	f Business Conducti	ed in Rhode Island			
Sale of periphera B. NAMES AND ADDRESSI President Name	1 compute: ES OF THE O	r products FFICE R S (*X* BOX FOR AT	TACHMENT) FILL IN SPACES BEF	ORE USING ATT	TACHMENTS
Robert P. Cross			Melissa F. Cross Street Address		
325 Valley Street			325 Valley Street		
Tity	State	7.1p	City	State	Zip
Providence ecretary Name	RI	02908	Providence Treasurer Name	RI	02908
Robert P. Cross			Robert P. Cross Street Address		
325 Valley Street	State	Zip	325 Valley Street	State	Zip
Providence NAMES AND ADDRESS Director Name	RI ES OF THE D	02908 IRECTORS ("x" BOX FOR	Providence ATTACHMENT) FILL IN SPACES BI Director Name	RI EFORE USING A	02908 TTACHMENTS
None treet Address	•		None Street Address		
Cuy	State	Zip	City	State	Zip
Director Name			Director Name	•	
None Greet Address			None Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR	NTTACHMENT)	11. SHARES ISSUED ('X' A	OX FOR ATTACHM	IENT)
AUTHORIZED SHARES			RZSUED SHANGS		

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

Number of Shares

100



4,000 COMM NO PAR VALUE

Class/Series

Par Value

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements egitalized herein are true and correct. Signature of Officer

Class/Series

Common

Robert P. Cross Frint or Type Name of Officer

President

Title of Officer

Par Value

No Par Value



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

(FORM MUST BE TYPED IN BLACK)

4617

3. Street Address Principal Business Office

325 Valley Street.
4. Business Phone No.

Robert P. Cross

1. Corporate ID No.

President Name

File Date: __

FOR SECRETARY

F STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

02908 6. SIC Code

3988

State

RI

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

5. State of Incorporation

RHODE ISLAND

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

City

Providence

Melissa F. Cross

Robert P. Cross
Print or Type Name of Officer

President

Title of Officer

Vice President Name

Street Address

STOP PHI AND RIAD INSTRICTIONS

Filling	Perioa:	January	1-March I	•	Filing Fee: \$50.00

2. Name of Corporation

Computer Comfort, Inc.

325 Valley Street	State	Zip	City 325 Valley Str	eet State	Zip
Providence Secretary Name	RI	02908	Providence Treasurer Name	RI	02908
Robert P. Cross			Robert P. Cros	s	
325 Valley Street	State	Zip	325 Valley Str	eet State	Zip
Providence 9. NAMES AND ADDRESS Director Name	RI ES OF THE DIREC	02908 TORS (*X* BOX FOR AT	Providence TACHMENT) FILL IN SPACES Director Name	. RI BEFORE USING ATTA	02908 ACHMENTS
None Street Address			None Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
None Street Address			NONE Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR ATTAC	HMENT) .	11. SHARES ISSUED (*X	BOX FOR ATTACHMENT	?)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR COM			100 .	Common	No Par Value
This report must be signed	ed in ink by eithe	r the President, Vice	President, Secretary, Assist		urer, Receiver or Trustee
* 4	6 1 7 *		this report, including	any accompanying sch ntained herein are true	edules and statements, and



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

STOP P15 556 RE 40 PSSTRECTIONS

Filing Perion: January	I-March 1 *	Filing Fee: \$30.00			EXSTRUCTION
(FORM MUST BE TYPED IN BLACE) 1. Corporate ID No.	CK) 2. Name of Corpora	ntion .		·	
4617 3. Street Address Principal Business	Computer C	Comfort, Inc.	City	State	Žip
4. B325. Valley Street		S. State of Incorporation	Providence	RI	93,2081e
7. Brief Description of the Character	of Business Conducted	RHODE ISLAND In Rhade Island			3988
Sale of peripheral c 8. NAMES AND ADDRESS President Name	omputer produ	CIS ICERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES BE Vice President Name	FORE USING ATTAC	HMENTS
Robert P. Cross			Melissa F. Cross		
325 Valley Street			325 Valley Street		
City	State	ZIp	City	State	Zip
Providence	RI	02908	Providence	RI	02908
Secretary Name			Treasurer Name	•	• • • • • • • • • • • • • • • • • • • •
Robert P. Cross Street Address			Robert P. Cross Street Address		
_{City} 325 Valley Street	State	Zip	_{cin} 325 Valley Street	State	Zip
Providence 9. NAMES AND ADDRESS	RI SES OF THE DIR	02908 ECTORS ("X" BOX FOR ATTA	Providence	RI before using atta	02908 ACHMENTS
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	•		Director Name		
None Street Address			None Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZES	D (*X* BOX FOR ATT	rachment)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT	רז
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR COM			100	Common	No Par Value

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

	* 4 6 1 7 *
Elle Date:	Ollar 8199
Check No.:	42849
Ву:	NO.
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 on all and herein are true and correct.

Signature of Officer

Date

Robert P. Cross

PROSIDENT

Title of Officer



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

KOFII COKPORALION	ANNUAL KEPUKI	rok	Inc	ILAF
iling Period: Innuary I-March 1 •	Filling Fee: \$50.00			



(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corpora	tion			
4617	Computer 6	Comfort, Inc.			
3. Street Address Principal Business C	Office	•	City	State	Zip
325 Valley Street		S. State of Incorporation	Providence	RI	6.9/2908 3988
7. Brief Description of the Character	of Business Conducted (RHODE ISLAND In Rhode Island	,		3800
Sale of peripheral c 8. NAMES AND ADDRESS President Name	omputer products of the offi	ICTS ICERS (*X* BOX FOR ATTACH	MENT) Vice President Name		
Robert P. Cross Street Address 325 Valley Street			Melissa F. Cross Street Address 525 Vailey Street		
Providence	State RJ	^{21p} 02908	Providence	State RI	02908
Secretary Name Robert P. Cross Street Address			Robert P. Cross Street Address		
City 325 Valley Street	State	Zip	City 325 Valley Street	State	Zip
Providence 9. NAMES AND ADDRESS Director Name None	RI SES OF THE DIR	02908 ECTORS (*x* box for atta	Providence CHMENT) Director Name None	RI	02908
Street Address			Street Address		
City	State	Zip	City	State .	Zip
Director Name None Street Address			Director Name None Street Address		•
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZES	O (*X* BOX FOR ATT	(ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR COM			100	Common	No Par Value

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

File Date:	3/11/98
Check No.:	40497
Ву:	CC
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. Title of Officer



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

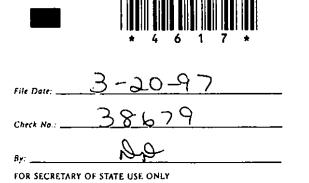
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

Office of	the Secretary of State			
· · ·				
PROFIT	CORPORATION	ANNUAL	REPORT	1997

STOP:
PLEASE READ
INSTRUCTIONS
ROFORE
COMPLETING
HUS TORM

(FORM MUST BE TYPED IN BLACK	•				COMPLITING THIS TORM
1. Carporate ID No.	2. Name of Corporat		, .	-	
4617	Computer (Comfort, Inc.			
3. Street Address Principal Business Of	fice		City	State	Zip
325 Valley Street		5. State of Incorporation		RI	02908 6. SIC Code 3988
7. Brief Description of the Character of	Business Conducted in				
Sale of peripheral co	omputer produs	icts CER\$ (*x* box for att)	ACHMENT)		
Robert P. Cross			vice President Name Melissa F. Cross		
325 Valley Street			325 Valley Street		
Providence	State RI	^{zip} 02908	City Providence	sto KI	^{zir} 02908
Secretary Name Robert P. Cross Street Address			Treasurer Name Robert P. Cross Street Address		
_{City} 325 Valley Street	State	Zip	325 Valley Street	State	Zip
Providence 9. NAMES AND ADDRESSE	RI S OF THE DIRE	02908 CTORS (*X* BOX FOR A	Providence	RI	02908
Director Name None			Director Name None	-	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None	•	• ••• •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	AND ISSUED	X° BOX FOR ATTACHMEN			
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Serles	Par Value
4,000 NO PAR COM	(103734117)		100	Common	No Par Value
,					

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.

Signature of Officer

Robins

Print or Type Name of Officer

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

_				
Filing	Fee.	\$50	ന	

Ву:

For Secretary of State Use Only

ing Fee: \$50.00	DI FACE TUDE OD I	TOUT IN DI ACK MIX		
ORPORATE IO NO 2 NAME OF CORP		PRINT IN BLACK INK.	<u></u>	
4617 i C	Computer Comfort, Inc	z .		
TREET ADDRESS PRINCIPAL BUSINESS OF FICE	e egine eginen egine	75 - 13	STATE	00000
325 Valley Street	s."State of incorporation	Providence	RI	02908
SMC22 FINDER MU.	RHODE IS	SLAND		1 3988
EF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED) EN RHOOE ISLUÍO			
Sale of peripheral computer	products			
8.	, NAMES AND ADDR	ESSES OF THE OF	FICERS	
DENTIMANS Robert P. Cross		, was president have Melissa F. Cross		
ET ADORESS	· 	street ADDRESS 325 Valley Street	······································	
325 Valley Street	DP COO€	- atv	STATE	TziPcooe
Providence RI	1 02908	Providence	, RI	02908
Robert P. Cross		Robert P. Cross		
ETADÓRESS		STREET ADDRESS		
325 Valley Street	ZIP COOE	325 Valley Stree	STATE	
Providence RI	02908	Providence	. `RI	02908
TOR HAME None	. NAMES AND ADDR	DRECTOR NAME None	RECTORS -	
ET ADORESS		STREET ADDRESS		
STATE	1 Zip Cook	- OTY	1 STATE	
	4	•••	•	•
CTOR NAME		DIRECTOR HAVE		
None		Nonesireet adoress		
STATE	∵υν δοο€	airy	SIĀTĒ	ZP CODE
, SIAIC	. D Wit	15	i dime	, 2 4001
1	O. SHARES AUTHOR	IZED AND ISSUED	<u>, - </u>	<u> </u>
AUTHORIZED SI NUMBER OF SHARES CLASS / SER		NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
		100	Common	No Par Value
4,000 NO PAR COM			+	
			·	l
			•	:
				i
President, Vice	President, Secretary, Assis	GNED IN INK by either the tant Secretary, Treasurer,		
	·	report, including	any accompanying sche	firm that I have examined dules and statements, and
		all statements co	ntained herein are true a	іпа сопест.
File Date: 4-8-96		Signature of Office	cer Cer	
77122		19.0	ber 1. Cro	251
Check No: ング15点		Print or Type Nam	 	

Title of Officer

State of Rhode Island and Providence Plantations

Name of Corporation: COMPUTER COMFORT, INC.

Business entity organized under the laws of the State of: RHODE ISLAND

4617

Corporate ID:

Office of the Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

Annual Report for the year: 1995

Business Entity is (check one):

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

	s and telephone number of principal office:	[X] Business C	[X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)			
		Brief Statement o	of the character of business conduct	ed in Rhode Island:		
	the principal office of business entity in eet address - Not P.O. Box):	Sale of periph	neral computer products			
Phone:						
	THE NAMES OF I	THE OFFICERS ARE	<u> </u>			
PRESIDENT Robert P. Cross	STREET ADDRES 325 Valley Street	SS	CHY/STATE Providence, RI	21P CODE 02908		
VICE PRESIDENT Melissa F. Cross	STREET ADDRES 325 Valley Street	ss	CITY/STATE Providence, RI	71P CODE ()2908		
SECRETARY Robert P. Cross	Same as above	SS	CITY/STATE	ZIP CODE.		
TREASURER Robert P. Cross	STREET ADDRESS	ss	CITY/STATE	ZIP CODE		
	THE NAMES OF TH	IF DIRECTORS ARE		·		
NAME N/A	STREET ADDRES		CHY/STATE	ZIP CODE		
NAME	STREET ADDRE	SS	CITY/STATE	ZIP CODE		
NAME	STREET ADDRES	SS	CITY/STATE	ZUP CODE		
NUMBER OF SHARES	AUTHORIZED (Rider may be attached)	NUMBER OF SHAR	ES ISSUED AND OUTSTANDIN	G (Rider may be attached		
Number of Shares	Class/Series	Number of Shares	Class/Scries			
4,000	Common/No Par Value	100	Common/No Par Va	ilue		
Date	PRI	V: RULL 1 A D D D TO TYPE NAME OF OFFICER STREET OF THE OF OFFICER SIGNING	CR-55	ED		
	DESIGNATED REGISTERED	AGENT FOR SERVI	CE OF PROCESS:	23 200		
	egistered office and/or registered agent indicate nan, Inc., 2300 Hospital Trust Tower, Prov		(M)	750114		

Filing Fee \$50.00 Payable to: Secretary of State

State of Rhode Island and Providence Plantations Office of the Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335

File Annually I.LC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

(401) 277-3040

Corporate ID: 4617	Annual	Report for the year: 1994	
Name of Business Entity: COMPUTER COMFORT, IN	NC.		
BUSINESS ENTITY ORGANIZED UNDER THE LAWS OF THE STATE OF: RHODE ISLA	AND Busi	iness Entity is (check one):	
Federal Taxpayer Identification Number:	_ [x]	Business Corporation (See RIGL Chapter	7-1.1)
For foreign entity, address and telaphone number of principal office:	<u> —</u>	Professional Service Corporation (See R	
N/A		Limited Liability Company (See RIGL 7-1	6)
	 Nam	l ne, title and mailing address of contact p	erson to whom
		imunications may be directed;	
phone:	— Rot	pert P. Cross, President	
·	325	5 Valley Street, Providence, RI 0	2908
Address and telephone of principal office of business entity in Rhodi	In		
Island (Provide Street Address - Not P.O. Box):			
325 Valley Street, Providence, RI 02908		f statement of the character of business	
	Sal	e of peripheral computer produc	ts
phane:	Date	e of Organization: 7 24/8	/
	Date	e of Qualification to do business in Rhod	
	N/A	4	
	S OF THE	OFFICERS ARE:	ZIP CODE
		CHINATATE	2 0002
Robert P. Cross, 325 Valley Street, Providence, RI 02:		CITY/STATE	ZIP CODE
		CITION	2 0000
Melissa F. Cross, 325 Valley Street, Providence, RI 02 CUSTOD AN OF RECORDS ON X SECRETARY (Check One) STREET	ADDRESS	CITY/STATE	ZIP CODE
Robert P. Cross, same as above			
	ADDRESS	CITY/STATE	ZIP CODE
Robert P. Cross, same as above			
	OF THE C	DIRECTORS ARE:	
NAME STREET ADDRE	ESS	CITY/STATE	ZIP CODE
N/A			
NAME STREET ADDRE	ESS	CITY/STATE	ZIP CODE
NAME STREET ADDR	RESS	CITY/STATE	ZIP CODE
	_		
NUMBER OF SHARES AUTHORIZED (If Applicable)	-	NUMBER OF SHARES ISSUED AND	OUTSTANDING (If Applicable)
NUMBER 4.000		NUMBER 100	
CLASS Common	-	CLASS Common	
SERIES n/a	_	SERIES n/a	
PAR VALUE OR WITHOUT PAR No Par Value	-	PAR VALUE OR WITHOUT PAR	No Par Value
	_		
DATE: 3/15/94	BY:	Palmolling,	1
3/13/74	-	- / www !	7500
Cast to the Mark		Poliser P. Cross	
FILED	PRINT	OR TYPE NAME OF OFFICER SIGN	NG
MAR 2 2 1994		PRESIDENT	
MAR 2 2 1594 EV BCL # 37417	TITLE	OF OFFICER SIGNING	
() h			
		T AGENT FOR SERVICE OF PRO	CESS:
Adler Pollock & Sheehan Incorporated, 2300 Hospital	I Trust To	wer, Providence, HI 02903	<u>-</u>

To be filed annually between January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Corporations Division 100 North Main Street

Providence, Rhode Island 02903

Corporate ID4	617 Annua	l Report for the year _	1993
FIRST: The name	of the corporation is _	COMPUTER COMFORT, INC.	
SECOND: It is i	ncorporated under the la	ws of <u>Rhode Island</u>	
THIRD: Characte	r of business, briefly s	tated, is <u>the sale of</u>	peripheral computer
products.			
FOURTH: If fore	ign corporation, address	of its principal offic	e <u>N/A</u>
FIFTH: Business	address in Rhode Island	325 Valley Street, P	rovidence, RI 02908
	Director	tors and officers: (Att Address (including numb	ach rider if necessary) er, street, zip code)
N/A	Director Director		 .
Robert P. Cross	President	325 Valley Street, Pr	ovidence, RI 02908
Melissa F. Cross		325 Valley Street, Pr	ovidence, RI 02908
Robert P. Cross Robert P. Cross	Secretary Treasurer	same as above	· ·
RODEL L. CLO33		341116 43 40076	<u> </u>
SEVENTH: Number	of Shares authorized: Class	Series	Par Value or statement that shares are without par value
4,000	Common		No Par Value
	of Shares issued:	series APR 14 199	Par Value or statement that
No. of Shares	Class	Series July	shares are without par value
100	Common	٢٠٠ ٢٠٠	No Par Value
Dated $4/9$	9319	COMPUTER COMFORT, INC	<u>. </u>
(Report must be sign	ed by an officer)	By Clip Linds	<u></u>

To be filed annually between 735 January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 100 North Main Street Providence, Rhode Island 02903

Corporate ID4		·		
FIRST: The name	of the corporat	ion is <u>COMPL</u>	JTER COMFOR	T, INC.
SECOND: It is i	ncorporated unde	r the laws of	Rhode Is	land
	•			ale of peripheral computer
products.				
FOURTH: If fore	ign corporation,	address of it	ts principa	l office <u>n/a</u>
FIFTH: Business	address in Rhod	e Island <u>325</u>	S Valley St	reet, Providence, RI 02908
SIXTH: Names an Name	d addresses of i Office Directo Directo	r	and officer ss (includi	s: (Attach rider if necessary) ng number, street, zip code)
Robert P. Cross	Directo Preside	r <u> </u>	Valley Str	eet, Providence, RI 02908
Malissa F. CRO	Vice Pr عند	esident"	11	11 11
Robert P. Cross Robert P. Cross	Secreta Treasur	<u> </u>	н	н и
SEVENTH: Number	of Shares autho		Series	Par Value or statement that shares are without par value
4,000	Common			No Par
EIGHTH: Number	of Shares issued	: Rec'd &	Flied JU	Par Value or statement that
No. of Shares	Class	V ;	Series	shares are without par value
100	Common			No Par
Dated <u>U/17</u>	19 <u>9</u> 2	CName	PUTER COMFO	ORT, INC.
(Report must be sign	ed by an officer) By	, conse	resultation

To be filed annually between January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 100 North Main Street Providence, Rhode Island 02903

	of the corporation is	al Report for the ye	
riksi. The name	or the torporation is	COM OTER COM ORT,	110.
SECOND: It is in	corporated under the 1	aws of <u>Rhode Islan</u>	d
THIRD: Character	of business, briefly	stated, is <u>the sale</u>	of peripheral computer
products.	·		· · · · · · · · · · · · · · · · · · ·
FOURTH: If fore	gn corporation, addres	ss of its principal o	ffice <u>n/a</u>
FIFTH: Business	address in Rhode Islam	nd <u>325 Valley Stree</u>	t, Providence, RI 02908
SIXTH: Names and Name	Director Director	ectors and officers: Address (including	(Attach rider if necessary) number, street, zip code)
Robert P. Cross	Director President	325 Valley Street	, Providence, RI 02908
	Vice President	<u> </u>	1) 1)
Robert P. Cross Robert P. Cross	Secretary Treasurer	11 11	11 0
SEVENTH: Number	of Shares authorized: Class	Series	Par Value or statement that shares are without par value
4,000	Common	jāg	No Par
EIGHTH: Number	of Shares issued:	SECY OF STA	997 Par Value or statement that shares are without
No. of Shares	Class	Series	par value
100	Common		No Par
Dated		COMPUTER COMFORT,	INC.
(Report must be sign		By Aflioss Title Reli	M. Cn

To be filed annually between January 1st and March 1st STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 100 North Main Street Providence, Rhode Island 02903



Corporate ID <u>46</u>	17 Annua	ll Report for 1	the year <u> </u>	990
FIRST: The name	of the corporation is $_$	COMPUTER COMP	FORT, INC.	
			·	
SECOND: It is in	corporated under the la	ws of <u>Rhode</u>	Island	
THIRD: Character	of business, briefly s	stated, is <u>the</u>	sale of pe	ripheral computer
products.				
FOURTH: If forei	gn corporation, address	of its princi	ipal office	n/a
FIFTH: Business	address in Rhode Island	1 <u>325 Valley</u>	Street, Pro	ovidence, RI 02908
SIXTH: Names and Name	addresses of its director Director Director	tors and office Address (incl	cers: (Attac uding number	ch rider if necessary) r, street, zip code)
Robert P. Cross	Director President	325 Valley	Street. Prov	vidence, RI <u>02908</u>
	Vice President		II II	11
Robert P. Cross Robert P. Cross	Secretary Treasurer		n n	
	of Shares authorized: Class	Series		Par Value or statement that shares are without par value
4,000	Common		PAID	No Par
,,,,,,			AU 0 4 199	0
EIGHTH: Number o	of Shares issued:	'V		ATE Par Value or statement that shares are without
No. of Shares	Class	Series		par value
100	Common			No Par
Dated		COMPUTER CO	MFORT, INC. oration)	
(Report must be signe	ed by an officer)	By Title	midn	

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS



Corporate ID <u>4</u>	<u>617</u> Annua	.1 Report for the yea	r <u>1989</u>
FIRST: _The name	of the corporation is _	COMPUTER COMFORT, I	NC.
SECOND: It is i	ncorporated under the la	ws of <u>Rhode Island</u>	
THIRD: Characte	r of business, briefly s	tated, is <u>the sale</u>	of peripheral computer
products.			
FOURTH: If fore	ign corporation, address	of its principal of	fice <u>n/a</u>
FIFTH: Business	address in Rhode Island	325 Valley Street	, Providence, RI 02908
SIXTH: Names an Name Robert P. Cross	d addresses of its director Director Director Director President	Address (including n	Attach rider if necessary) umber, street, zip code) Providence, RI 02908
·	Vice President	" "	
Robert P. Cross Robert P. Cross	Secretary Treasurer	II II	u n
SEVENTH: Number	of Shares authorized: Class	Series	Par Value or statement that shares are without par value
4,000	Common		No Par
EIGHTH: Number	of Shares issued:	APR 04 1989	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100	Common		No Par
Dated <u>3//5</u>	19 <u></u>	COMPUTER COMFORT, (Name of Corporation	INC.
(Report must be sign	ed by an officer)	By Yoluly Title	un-

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Corporations Division

·	of the corporation is	al Report for the year COMPUTER COMFORT, IN	
SECOND: It is i	ncorporated under the la	aws ofRhode Island	
THIRD: Characte	er of business, briefly s	stated, is <u>the</u> sale o	of peripheral computer
products.			
	ign corporation, address	s of its principal off	ice <u>n/a</u>
FIFTH: Business	address in Rhode Island	d _ 325 Valley Street,	Providence, RI 02908
SIXTH: Names ar Name	od addresses of its director Director Director	tors and officers: (A Address (including nu	uttach rider if necessary) umber, street, zip code)
	Director		•
Robert P. Cross	President Vice President	325 Valley Street,	Providence, RI 02908
Robert P. Cross	Secretary	<u> </u>	11 11
Robert P. Cross	Treasurer	II II	11 11
SEVENTH: Number	of Shares authorized: Class	PAID TO	Par Value or statement that shares are without par value
4,000	Common	APR B	No Par
		SECIY. OF STATE	
EIGHTH: Number	51 31141 C3 1330C3.	Series 1988	Par Value or statement that shares are without par value
100	Common		No Par
Dated $2/4$	19 <u>P</u> &	COMPUTER COMFORT, I	NC.
(Report must be sign	ed by an officer)	By Title	vio Mc

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Corporations Division

·	<u> </u>	Annual Report for the y	
FIRST: The name	of the corporat	ion is <u>COMPUTER COMFORT</u> ,	INC.
SECOND: It is i	ncorporated under	r the laws of <u>Rhode Isla</u>	nd
THIRD: Characte	r of business, b	riefly stated, is <u>the sal</u>	e of peripheral computer
products.			
FOURTH: If fore	ign corporation,	address of its principal	office <u>n/a</u>
FIFTH: Business	address in Rhode	e Island <u>325 Valley S</u>	treet, Providence, RI 02908
SIXTH: Names an Name	Office Director	Address (including	(Attach rider if necessary) number, street, zip code)
	Director Director		
Robert P. Cross	Preside Vice Pre		eet, Providence, RI 02908
Robert P. Cross Robert P. Cross	Secretar	ry <u>"</u> "	0 0
			
SEVENTH: Number	of Shares author Class	rized: Series	Par Value or statement that shares are without par value
4,000	Common		No Par
CICUTU. Number	of Shares issued:	PAID	
cidnin: Mulliber		R 3 1 1987	Par Value
			or statement that shares are without
No. of Shares	Class SEC'	Y. OF STATESeries	par value
100	Common		No Par
Dated 3/4/APR	8 1987 1987	COMPUTER COMFORT	, INC.
(Report must be sign	CAN.	By // // Title	Esan

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID	17	Annual	Report for the	year <u>1986</u>
FIRST: The name	of the corpor	ation is <u>(</u>	COMPUTER COMFORT	, INC.
SECOND: It is in	corporated un	der the laws	of <u>Rhode Isl</u>	and
THIRD: Character	of business,	briefly sta	ated, is <u>the sa</u>	le of peripheral computer
products.	7			
FOURTH: If forei	gn corporatio	on, address o	of its principal	office <u>n/a</u>
FIFTH: Business	address in Rh	node Island _	600 Park Avenu	re, Cranston, RI
SIXTH: Names and Name	Direc	itor _ itor _	ors and officers ddress (includir	: (Attach rider if necessary ng number, street, zip code)
Robert P. Cross	Dired Presi		600 Park Avenue	e, Cranston, RI 02910
		President _	11 11	n n
Robert P. Cross Robert P. Cross	Secre	• —	B H	п
SEVENTH: Number		thorized:	Series	Par Value or statement that shares are without par value
4,000	Common			No Par
EIGHTH: Number o	of Shares issu Class	ued::[3/14/86	Series	Par Value or statement that shares are without par value
100	Common	0 25 11 10		No Par
Dated <u>3/></u>	19 <i>}</i>	10 Marie (COMPUTER COMFOI Name of Corpora y Pakint	
(Report must be sign	किरिन पर विविध	?Z \	itle	with

CORPORATE I.D. #4617

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

74617		Annual Report for th	e year 1985	
FIRST: The name of	the corporation	is Computer Com	fort, Inc.	
SECOND: It is incorp	porated under th	e laws of Rhode	e Island	
			computer	
peripheral products				
FOURTH: If foreign	corporation, ad	ldress of its principal	office N/A	
	. , ,,, ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,	•		
address) 600 Park Ave reports to E Incorporated SIXTH: Names and	nue, Cranston rnest D. Hum , 2300 Hospi addresses of its	n, Rhode Island o ohreys, Esq., Ad tal Trust Tower, directors and office	s will be mailed to this 02910; blank annual ler Pollock & Shechar Providence, RI 0290 rs:	3
\ <u></u>	nust include street a	and number, if any)		
Name	Office Director		Address	
	Director			
· ·	Director			
Robert P. Cross	President	600 Park Ave Cranston, R	enue I 02910	
	Vice Presid	dent 600 Park Ave		
Robert P. Cross	Secretary	Cranston, R	I 0,2910	
Robert P. Cross (If additional space is needed		600 Park Ave Cranston, R		
SEVENTH: Number	of Shares autho	orized:	Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
4,000	common		no par value	
Eighth: Number o	f Shares issued	: Series	Par Value or statement that shares are without par value	
100	common		no par value	
Dated: October 8	19.86	Computer Com (Name of Corporation		
DEC 12 1985	11/85	By Plank	un.	
• • • • • • • • • • • • • • • • • • • •	EAJI	Title President	<u> </u>	
F		(Report must be	signed by an officer)	
			1	

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82