

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. 4617	2. Name of Corporation Computer Comfort, Inc.		
3. Street Address Principal Business Office 46 BAKER STREET	City PROVIDENCE	State RI	Zip 02905-
4. Business Phone No.	5. State of Incorporation RHODE ISLAND	6. SIC Code 3988	

7. Brief Description of the Character of Business Conducted in Rhode Island
SALE OF PERIPHERAL COMPUTER PRODUCTS

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

President Name Jeffrey P. Cross	Vice President Name Robert P. Cross				
Street Address 46 Baker Street	Street Address 46 Baker Street				
City Providence	City Providence	State RI	State RI	Zip 02905	Zip 02905
Secretary Name Robert P. Cross	Treasurer Name Robert P. Cross				
Street Address 46 Baker Street	Street Address 46 Baker Street				
City Providence	City Providence	State RI	State RI	Zip 02905	Zip 02905

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

Director Name None	Director Name None				
Street Address	Street Address				
City	City	State	State	Zip	Zip
Director Name None	Director Name None				
Street Address	Street Address				
City	City	State	State	Zip	Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 COMM NO PAR VALUE			3,000	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

4617 DBC 01/04/05 02:26:58 PM

File Date 1/26/05

Check No. 52498

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

JEFFREY P. CROSS

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

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SECRETARY OF STATE
CORPORATIONS DIV
05 JAN 26 PM 3:50

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. 4617		2. Name of Corporation Planet Battery, Inc.	
3. Street Address Principal Business Office 46 BAKER STREET		City PROVIDENCE	State RI
4. Business Phone No.		5. State of Incorporation RHODE ISLAND	Zip 02905-
6. SIC Code 3988			
7. Brief Description of the Character of Business Conducted in Rhode Island SALE OF PERIPHERAL COMPUTER PRODUCTS			

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeffrey P. Cross		Vice President Name Robert P. Cross			
Street Address 46 Baker Street		Street Address 46 Baker Street			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Robert P. Cross		Treasurer Name Robert P. Cross			
Street Address 46 Baker Street		Street Address 46 Baker Street			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 (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
4,000 COMM NO PAR VALUE			3,000	Common	No Par Value

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



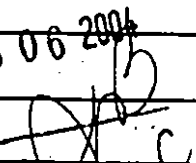
4 6 1 7

4617 DBC 02/03/04 10:40:16 AM

FILED

FEB 06 2004

Check No.

By  C19343

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 JEFFREY P. CROSS	Date 2-4-04
Print or Type Name of Officer PRESIDENT	
Title of Officer	

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

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. *4617*		2. Name of Corporation Computer Comfort, Inc.	
3. Street Address Principal Business Office 46 Baker Street		City PROVIDENCE	State RI
4. Business Phone No.		5. State of Incorporation RHODE ISLAND	6. SIC Code 3988
7. Brief Description of the Character of Business Conducted in Rhode Island SALE OF PERIPHERAL COMPUTER PRODUCTS			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert P. Cross			Vice President Name Melissa F. Cross		
Street Address 46 Baker Street			Street Address 46 Baker Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Robert P. Cross			Treasurer Name Robert P. Cross		
Street Address 46 Baker Street			Street Address 46 Baker Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("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
4,000 COMM NO PAR VALUE			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 *

4617 DBC1/29/032:56:50 PM
File Date <u>2-5-03</u>
Check No. <u>49303</u>
By: <u>YML</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 <u>2/3/03</u>
Robert P. Cross	
Print or Type Name of Officer	
President	
Title of Officer	



STATE OF RHODE ISLAND
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

4617 Computer Comfort, Inc.

3. Street Address Principal Business Office

325 Valley Street

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

City

Providence

State

RI

Zip

02908

6. SIC Code

3988

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

Sale of peripheral computer products

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

President Name

Robert P. Cross

Street Address

325 Valley Street

City

Providence

State

RI

Zip

02908

Secretary Name

Robert P. Cross

Street Address

325 Valley Street

City

Providence

State

RI

Zip

02908

Vice President Name

Melissa F. Cross

Street Address

325 Valley Street

City

Providence

State

RI

Zip

02908

Treasurer Name

Robert P. Cross

Street Address

325 Valley Street

City

Providence

State

RI

Zip

02908

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

Director Name

None

Street Address

Director Name

None

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 AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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 *

File Date: 2-18-02

Check No.: 47820

By: RMF

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.

Robert P. Cross 2/16/02
Signature of Officer Date

Robert P. Cross

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



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. **4617** 2. Name of Corporation **Computer Comfort, Inc.**

3. Street Address Principal Business Office

325 Valley Street

City

Providence

State

RI

Zip

02908

4. Business Phone No.

5. State of Incorporation
RHODE ISLAND

6. SIC Code
3988

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

Sale of peripheral computer products

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

President Name

Robert P. Cross

Street Address

325 Valley Street

City

Providence

State

RI

Zip

02908

Secretary Name

Robert P. Cross

Street Address

325 Valley Street

City

Providence

State

RI

Zip

02908

Vice President Name

Melissa F. Cross

Street Address

325 Valley Street

City

Providence

State

RI

Zip

02908

Treasurer Name

Robert P. Cross

Street Address

325 Valley Street

City

Providence

State

RI

Zip

02908

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

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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 *

File Date: **2/26/01**

Check No.: **46436**

By: **91889**

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 **Robert P. Cross** Date **2/21/01**

Print or Type Name of Officer **Robert P. Cross**

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
401-222-3040



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. **4617** 2. Name of Corporation **Computer Comfort, Inc.**

3. Street Address Principal Business Office **325 Valley Street.** City **Providence** State **RI** Zip **02908**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3988**

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

Sale of peripheral computer products

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

President Name	Vice President Name
Robert P. Cross	Melissa F. Cross
Street Address	Street Address
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	Robert P. Cross
Street Address	Street Address
325 Valley Street	325 Valley Street
City State Zip	City State Zip
Providence RI 02908	Providence RI 02908

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

Director Name	Director Name
None	None
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
None	None
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
------------------	--------------	-----------

4,000 NO PAR COM

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
------------------	--------------	-----------

100	Common	No 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



* 4 6 1 7 *

File Date: **MAR 15 2000**

Check No.: **MAR 15 2000**

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] **3/13/00**
Signature of Officer Date

Robert P. Cross
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
401-222-3040



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. Corporate ID No.

2. Name of Corporation

4617

Computer Comfort, Inc.

3. Street Address Principal Business Office

City

State

Zip

4. Business Phone No. 325 Valley Street

5. State of Incorporation

Providence

RI

02908

RHODE ISLAND

3988

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

Sale of peripheral computer products

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Robert P. Cross

Melissa F. Cross

Street Address

Street Address

325 Valley Street

325 Valley Street

City

City

State

State

Zip

Zip

Providence

RI

02908

Providence

RI

02908

Secretary Name

Treasurer Name

Robert P. Cross

Robert P. Cross

Street Address

Street Address

325 Valley Street

325 Valley Street

City

City

State

State

Zip

Zip

Providence

RI

02908

Providence

RI

02908

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

None

None

Street Address

Street Address

City

City

State

State

Zip

Zip

Director Name

Director Name

None

None

Street Address

Street Address

City

City

State

State

Zip

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

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 *

File Date: 4/28/99

Check No.: 42849

By: JD

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: Robert P. Cross Date: 2/26/99

Print or Type Name of Officer: Robert P. Cross

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 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

4617

Computer Comfort, Inc.

3. Street Address Principal Business Office

325 Valley Street

City

Providence

State

RI

Zip

02908

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3988

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

Sale of peripheral computer products

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

President Name

Robert P. Cross

Vice President Name

Melissa F. Cross

Street Address

325 Valley Street

Street Address

325 Valley Street

City

Providence

State

RI

Zip

02908

City

Providence

State

RI

Zip

02908

Secretary Name

Robert P. Cross

Treasurer Name

Robert P. Cross

Street Address

325 Valley Street

Street Address

325 Valley Street

City

Providence

State

RI

Zip

02908

City

Providence

State

RI

Zip

02908

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

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 (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 NO PAR COM

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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 *

File Date: 3/11/98

Check No.: 40497

By: CCR

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 Robert P. Cross 2/28/98 Date

Print or Type Name of Officer Robert P. Cross

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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

4617

2. Name of Corporation

Computer Comfort, Inc.

3. Street Address Principal Business Office

325 Valley Street

City

Providence

State

RI

Zip

02908

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3988

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

Sale of peripheral computer products

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

President Name

Robert P. Cross

Vice President Name

Melissa F. Cross

Street Address

325 Valley Street

Street Address

325 Valley Street

City

Providence

State

RI

Zip

02908

City

Providence

State

RI

Zip

02908

Secretary Name

Robert P. Cross

Treasurer Name

Robert P. Cross

Street Address

325 Valley Street

Street Address

325 Valley Street

City

Providence

State

RI

Zip

02908

City

Providence

State

RI

Zip

02908

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

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 ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 NO PAR COM

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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 *

File Date: 3-20-97

Check No.: 38679

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] 3/15/97
Signature of Officer Date

Robert P. Cross
Print or Type Name of Officer

President
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: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 4617 2. NAME OF CORPORATION Computer Comfort, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 325 Valley Street CITY Providence STATE RI ZIP CODE 02908

4. BUSINESS PHONE NO. 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 3988

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Sale of peripheral computer products

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Robert P. Cross VICE PRESIDENT NAME Melissa F. Cross

STREET ADDRESS 325 Valley Street STREET ADDRESS 325 Valley Street

CITY Providence STATE RI ZIP CODE 02908 CITY Providence STATE RI ZIP CODE 02908

SECRETARY NAME Robert P. Cross TREASURER NAME Robert P. Cross

STREET ADDRESS 325 Valley Street STREET ADDRESS 325 Valley Street

CITY Providence STATE RI ZIP CODE 02908 CITY Providence STATE RI ZIP CODE 02908

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME None DIRECTOR NAME None

STREET ADDRESS STREET ADDRESS

CITY STATE ZIP CODE CITY STATE ZIP CODE

DIRECTOR NAME None DIRECTOR NAME None

STREET ADDRESS STREET ADDRESS

CITY STATE ZIP CODE CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
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

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.

File Date: 4-8-96

Check No: 37132

By: *SS*
For Secretary of State Use Only

Signature of Officer

Robert P. Cross

Print or Type Name of Officer

President

Title of Officer

3-31-96
Date

State of Rhode Island and Providence Plantations

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

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

Corporate ID: 4617

Annual Report for the year: 1995

Name of Corporation: COMPUTER COMFORT, INC.

Business entity organized under the laws of the State of: RHODE ISLAND
For foreign entity, address and telephone number of principal office:
N/A

Business Entity is (check one):
☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief Statement of the character of business conducted in Rhode Island:

Phone:

Address and telephone of the principal office of business entity in
Rhode Island (Provide street address - Not P.O. Box):
325 Valley Street
Providence, RI 02908

Sale of peripheral computer products

Phone:

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert P. Cross	325 Valley Street	Providence, RI	02908
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Melissa F. Cross	325 Valley Street	Providence, RI	02908
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert P. Cross	Same as above		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert P. Cross	Same as above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
N/A			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class/Series	Number of Shares	Class/Series
4,000	Common/No Par Value	100	Common/No Par Value

Date: March 28, 1995

By:

Robert P. Cross
PRINT OR TYPE NAME OF OFFICER SIGNING
President

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Adler Pollock & Sheehan, Inc., 2300 Hospital Trust Tower, Providence, Rhode Island 02903

FILED
MAR 31 1995
By: [Signature] 354114

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
(401) 277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 4617

Annual Report for the year: 1994

Name of Business Entity: COMPUTER COMFORT, INC.

BUSINESS ENTITY ORGANIZED UNDER THE LAWS OF THE STATE OF: RHODE ISLAND

Federal Taxpayer Identification Number: _____

For foreign entity, address and telephone number of principal office:

N/A

phone: _____

Address and telephone of principal office of business entity in Rhode Island (Provide Street Address - Not P.O. Box):

325 Valley Street, Providence, RI 02908

phone: _____

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Robert P. Cross, President
325 Valley Street, Providence, RI 02908

Brief statement of the character of business conducted in Rhode Island:

Sale of peripheral computer products

Date of Organization: 7/24/84

Date of Qualification to do business in Rhode Island (if foreign entity):

N/A

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert P. Cross, 325 Valley Street, Providence, RI 02908			
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Melissa F. Cross, 325 Valley Street, Providence, RI 02908			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert P. Cross, same as above			
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert P. Cross, same as above			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
N/A			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 4,000

CLASS Common

SERIES n/a

PAR VALUE OR WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES n/a

PAR VALUE OR WITHOUT PAR No Par Value

DATE: 3/15/94

BY: Robert P. Cross

FILED

MAR 22 1994

By: BCB # 37217

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

Adler Pollock & Sheehan Incorporated, 2300 Hospital Trust Tower, Providence, RI 02903

Filing Fee \$50.00

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

432178

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 4617 Annual Report for the year 1993

FIRST: The name of the corporation is COMPUTER COMFORT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the sale of peripheral computer products.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 325 Valley Street, Providence, RI 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
N/A	Director	
	Director	
	Director	
Robert P. Cross	President	325 Valley Street, Providence, RI 02908
Melissa F. Cross	Vice President	325 Valley Street, Providence, RI 02908
Robert P. Cross	Secretary	same as above
Robert P. Cross	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	--	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	--	No Par Value

Dated 4/9/93

(Report must be signed by an officer)

COMPUTER COMFORT, INC.
(Name of Corporation)

By [Signature]
Title [Signature]

Rec'd & Filed APR 14 1993
32178

Filing Fee \$50.00

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

30734

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID 4617 Annual Report for the year 1992

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FIFTH: Business address in Rhode Island 325 Valley Street, Providence, RI 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Robert P. Cross	President	325 Valley Street, Providence, RI 02908
Malissa F. Cross	Vice President	" " " "
Robert P. Cross	Secretary	" " " "
Robert P. Cross	Treasurer	" " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	--	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	--	No Par

Rec'd & Filed JUN 22 1992

Dated 6/17 1992

COMPUTER COMFORT, INC.
(Name of Corporation)

(Report must be signed by an officer)

By Robert P. Cross
Title President

Filing Fee \$50.00

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 4617 Annual Report for the year 1991

FIRST: The name of the corporation is COMPUTER COMFORT, INC.

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FIFTH: Business address in Rhode Island 325 Valley Street, Providence, RI 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Robert P. Cross	President	325 Valley Street, Providence, RI 02908
	Vice President	" " " "
Robert P. Cross	Secretary	" " " "
Robert P. Cross	Treasurer	" " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	--	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	--	No Par

Dated 4/24 1991
Rec'd & Filed APR 26 1991

COMPUTER COMFORT, INC.
(Name of Corporation)

By A.P. Cross
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

AT

Corporate ID 4617 Annual Report for the year 1990

FIRST: The name of the corporation is COMPUTER COMFORT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the sale of peripheral computer products.

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 325 Valley Street, Providence, RI 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Robert P. Cross	President	325 Valley Street, Providence, RI 02908
	Vice President	" " " "
Robert P. Cross	Secretary	" " " "
Robert P. Cross	Treasurer	" " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	--	PAID No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	--	No Par

Dated 11/8 1990

COMPUTER COMFORT, INC.
(Name of Corporation)

(Report must be signed by an officer)

By [Signature]
Title President

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
270 Westminster Mall
Providence, Rhode Island 02903



Corporate ID 4617 Annual Report for the year 1989

FIRST: The name of the corporation is COMPUTER COMFORT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the sale of peripheral computer products.

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 325 Valley Street, Providence, RI 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Robert P. Cross	President	325 Valley Street, Providence, RI 02908
	Vice President	" " " "
Robert P. Cross	Secretary	" " " "
Robert P. Cross	Treasurer	" " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	--	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	--	No Par

Dated 3/15 1989

COMPUTER COMFORT, INC.
(Name of Corporation)

(Report must be signed by an officer)

By Robert P. Cross
Title President

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
270 Westminster Mall
Providence, Rhode Island 02903

Corporate ID 4617 Annual Report for the year 1988

FIRST: The name of the corporation is COMPUTER COMFORT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the sale of peripheral computer products.

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 325 Valley Street, Providence, RI 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Robert P. Cross	President	325 Valley Street, Providence, RI 02908
	Vice President	" " " "
Robert P. Cross	Secretary	" " " "
Robert P. Cross	Treasurer	" " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Par Value or statement that shares are without par value
4,000	Common	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Par Value or statement that shares are without par value
100	Common	No Par

Dated 2/4 1988

(Report must be signed by an officer)

COMPUTER COMFORT, INC.
(Name of Corporation)

By [Signature]
Title President

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
270 Westminster Mall
Providence, Rhode Island 02903

Corporate ID 4617 Annual Report for the year 1987

FIRST: The name of the corporation is COMPUTER COMFORT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the sale of peripheral computer products.

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 325 Valley Street, Providence, RI 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Robert P. Cross	President	325 Valley Street, Providence, RI 02908
	Vice President	" " " "
Robert P. Cross	Secretary	" " " "
Robert P. Cross	Treasurer	" " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	--	No Par

EIGHTH: Number of Shares issued: **PAID**

APR 31 1987

No. of Shares	Class	SEC'Y. OF STATE Series	Par Value or statement that shares are without par value
100	Common	--	No Par

Dated 3/4/ 19 87

APR 8 1987

(Report must be signed by an officer)

COMPUTER COMFORT, INC.
(Name of Corporation)

By [Signature]
Title [Signature]

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
270 Westminster Mall
Providence, Rhode Island 02903

Corporate ID 4617 Annual Report for the year 1986

FIRST: The name of the corporation is COMPUTER COMFORT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the sale of peripheral computer products.

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 600 Park Avenue, Cranston, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Robert P. Cross	President	600 Park Avenue, Cranston, RI 02910
	Vice President	" " " "
Robert P. Cross	Secretary	" " " "
Robert P. Cross	Treasurer	" " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	Common	--	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	--	No Par

Dated 3/3 19 86

(Report must be signed by an officer)

COMPUTER COMFORT, INC.
(Name of Corporation)

By Robert P. Cross
Title President

APR 03 1986

Filing fee: \$15.00

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

24617

Annual Report for the year 1985

FIRST: The name of the corporation is Computer Comfort, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is sale of computer peripheral products

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 600 Park Avenue, Cranston, Rhode Island 02910; blank annual reports to Ernest D. Humohreys, Esq., Adler Pollock & Sheehan Incorporated, 2300 Hospital Trust Tower, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Robert P. Cross	President	600 Park Avenue Cranston, RI 02910
	Vice President	
Robert P. Cross	Secretary	600 Park Avenue Cranston, RI 02910
Robert P. Cross	Treasurer	600 Park Avenue Cranston, RI 02910

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	common	--	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	--	no par value

Dated: October 8 1985

Computer Comfort, Inc.

(Name of Corporation)

By *Robert P. Cross*

Title President

(Report must be signed by an officer)

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