



# 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. 56325		2. Name of Corporation POWER RESOURCES INC.			
3. Street Address Principal Business Office 1009 MAIN STREET, P.O. BOX 537			City HOPE VALLEY	State RI	Zip 02832-00103
4. Business Phone No. 4015398646		5. State of Incorporation RHODE ISLAND			6. SIC Code 9035
7. Brief Description of the Character of Business Conducted in Rhode Island COMPUTER POWER EQUIPMENT SALES AND SERVICE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gail M. Toracinta			Vice President Name Paul A. Toracinta		
Street Address 320 Spring Street			Street Address 320 Spring Street		
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
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 Gail M. Toracinta			Director Name		
Street Address 320 Spring Street			Street Address		
City Rockville	State RI	Zip 02873	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
4,000 COMM NO PAR VALUE				Number of Shares	Class/Series
				400	Common
					Par Value
					None

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



5 6 3 2 5

\*56325 DBC 01/12/05 03:28:40 PM\*

File Date 1-19-05

Check No. 12428

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] 1/17/05  
Signature of Officer Date  
PAUL A. TORACINTA  
Print or Type Name of Officer  
VICE PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 56325		2. Name of Corporation POWER RESOURCES INC.			
3. Street Address Principal Business Office 1009 MAIN STREET, P.O. BOX 537			City HOPE VALLEY	State RI	Zip 02832-00103
4. Business Phone No. 4015398646		5. State of Incorporation RHODE ISLAND		6. SIC Code 9035	
7. Brief Description of the Character of Business Conducted in Rhode Island COMPUTER POWER EQUIPMENT SALES AND SERVICE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gail M. Toracinta			Vice President Name Paul A. Toracinta		
Street Address 320 Spring Street			Street Address 320 Spring Street		
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
Secretary Name Paul A. Toracinta			Treasurer Name Gail M. Toracinta		
Street Address 320 Spring Street			Street Address 320 Spring Street		
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gail M. Toracinta			Director Name None		
Street Address 320 Spring Street			Street Address		
City Rockville	State RI	Zip 02873	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"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
4,000 COMM NO PAR VALUE				Number of Shares	Class/Series
				400	Common
					Par Value
					No Par

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



\*56325 DBC 02/27/04 12:09:21 PM\*

File Date 3/1/04

Check No. 11524

By: ls.

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.

Gail M. Toracinta 2-27-04  
Signature of Officer Date

Gail M. Toracinta

Print or Type Name of Officer

President

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **56325** 2. Name of Corporation **POWER RESOURCES INC.**  
3. Street Address Principal Business Office **1009 Main Street** City **Hope Valley** State **RI** Zip **02832**  
4. Business Phone No. **401-539-8646** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9035**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Power Equipment, Sales and Service**

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

President Name <b>Gail M. Toracinta</b>	Vice President Name <b>Paul A. Toracinta</b>
Street Address <b>320 Spring Street</b>	Street Address <b>320 Spring Street</b>
City State Zip <b>Rockville RI 02873</b>	City State Zip <b>Rockville RI 02873</b>
Secretary Name <b>Paul A. Toracinta</b>	Treasurer Name <b>Gail M. Toracinta</b>
Street Address <b>320 Spring Street</b>	Street Address <b>320 Spring Street</b>
City State Zip <b>Rockville RI 02873</b>	City State Zip <b>Rockville RI 02873</b>

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

Director Name <b>Gail M. Toracinta</b>	Director Name <b>None</b>
Street Address <b>320 Spring Street</b>	Street Address <b>None</b>
City State Zip <b>Rockville RI 02873</b>	City State Zip <b>None</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City State Zip <b>None</b>	City State Zip <b>None</b>

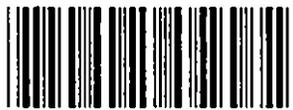
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>4,000 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>400</b>	<b>Common</b>	<b>No Par</b>

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



\* 5 6 3 2 5 \*

File Date: 1.22.03  
Check No.: 10379  
By: UP

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: Gail M. Toracinta Date: 1.21.03

**Gail M. Toracinta**

Print or Type Name of Officer

**President**

Title of Officer



**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. **56325** 2. Name of Corporation **POWER RESOURCES INC.**  
3. Street Address Principal Business Office **1009 Main Street** City **Hope Valley** State **RI** Zip **02832**  
4. Business Phone No. **410-539-8646** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9035**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Computer Power Equipment, Sales and Service**

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

President Name <b>Gail M. Toracinta</b> Street Address <b>320 Spring Street</b> City State Zip <b>Rockville RI 02873</b>	Vice President Name <b>Paul A. Toracinta</b> Street Address <b>320 Spring Street</b> City State Zip <b>Rockville RI 02873</b>
Secretary Name <b>Paul A. Toracinta</b> Street Address <b>320 Spring Street</b> City State Zip <b>Rockville RI 02873</b>	Treasurer Name <b>Gail M. Toracinta</b> Street Address <b>320 Spring Street</b> City State Zip <b>Rockville RI 02873</b>

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

Director Name <b>Gail M. Toracinta</b> Street Address <b>320 Spring Street</b> City State Zip <b>Rockville RI 02873</b>	Director Name <b>None</b> Street Address  City State Zip   
Director Name <b>None</b> Street Address  City State Zip   	Director Name <b>None</b> Street Address  City State Zip   

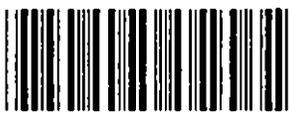
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>4,000</b>	<b>COMM NO</b>	<b>PAR VALUE</b>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>400</b>	<b>Common</b>	<b>No Par</b>

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



\* 5 6 3 2 5 \*

3-1-02

File Date: \_\_\_\_\_  
Check No.: **9637**  
By: *[Signature]*

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.

*Gail M. Toracinta* 2.26.02  
Signature of Officer Date

**Gail M. Toracinta**  
Print or Type Name of Officer

**President**  
Title of Officer



**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. **58325** 2. Name of Corporation **POWER RESOURCES INC.**

3. Street Address Principal Business Office  
**1009 Main Street** City **Hope Valley** State **RI** Zip **02832**  
4. Business Phone No. **401-539-8646** 5. State of Incorporation **RHODE ISLAND** 6. ~~9035~~

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Computer Power Equipment Sales and Service**

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

President Name <b>Gail M. Toracinta</b>	Vice President Name <b>Paul A. Toracinta</b>
Street Address <b>320 Spring Street</b>	Street Address <b>320 Spring Street</b>
City State Zip <b>Rockville RI 02873</b>	City State Zip <b>Rockville RI 02873</b>
Secretary Name <b>Paul A. Toracinta</b>	Treasurer Name <b>Gail M. Toracinta</b>
Street Address <b>320 Spring Street</b>	Street Address <b>320 Spring Street</b>
City State Zip <b>Rockville RI 02873</b>	City State Zip <b>Rockville RI 02873</b>

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

Director Name <b>Gail M. Toracinta</b>	Director Name <b>None</b>
Street Address <b>320 Spring Street</b>	Street Address <b>None</b>
City State Zip <b>Rockville RI 02873</b>	City State Zip <b>None</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City State Zip <b>None</b>	City State Zip <b>None</b>

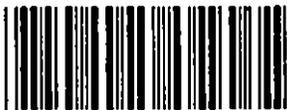
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4,000 SHS COM NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**400 Common No Par**

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



\* 5 6 3 2 5 \*

File Date: 4-13-01  
8894  
Check No.: \_\_\_\_\_  
By: [Signature]

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.

Gail M. Toracinta 04/10/01  
Signature of Officer Date

**Gail M. Toracinta, President**  
Print or Type Name of Officer

\_\_\_\_\_  
Title of Officer



**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. **56325** 2. Name of Corporation **POWER RESOURCES INC.**

3. Street Address Principal Business Office  
1009 Main Street P.O. Box 537  
4. Business Phone No. 401-539-8646  
5. State of Incorporation **RHODE ISLAND**  
City **Hope Valley** State **R.I.** Zip **02832**  
6. SIC Code **9035**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Computer Power Equipment, Sales and Service**

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

President Name  
**Gail M. Toracinta**  
Street Address  
**1078 Main Street**  
City **Hope Valley** State **RI** Zip **02832**

Vice President Name  
**Paul A. Toracinta**  
Street Address  
**1078 Main Street**  
City **Hope Valley** State **RI** Zip **02832**

Secretary Name  
**Paul A. Toracinta**  
Street Address  
**1078 Main Street**  
City **Hope Valley** State **RI** Zip **02832**

Treasurer Name  
**Gail M. Toracinta**  
Street Address  
**1078 Main Street**  
City **Hope Valley** State **RI** Zip **02832**

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

Director Name  
**Gail M. Toracinta**  
Street Address  
**1078 Main Street**  
City **Hope Valley** State **RI** Zip **02832**  
**None**  
Street Address  
City State Zip

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

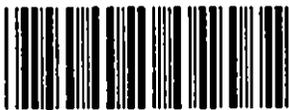
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4,000 SHS COM NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**400 Common No Par Val**

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



\* 5 6 3 2 5 \*

File Date: 3/16/00  
Check No.: 8074  
By: C

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.

Gail M. Toracinta 03/14/00  
Signature of Officer Date

Gail M. Toracinta  
Print or Type Name of Officer  
President  
Title of Officer



**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. 56325  
2. Name of Corporation POWER RESOURCES INC.  
3. Street Address Principal Business Office 1009 Main Street P.O. Box 537  
City Hope Valley State RI Zip 02832  
4. Business Phone No. 401-539-8646  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 9035

7. Brief Description of the Character of Business Conducted in Rhode Island  
Computer Power Equipment, Sales and Service

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

President Name Gail M. Toracinta Street Address 1078 Main Street City Hope Valley State RI Zip 02832	Vice President Name Paul A. Toracinta Street Address 1078 Main Street City Hope Valley State RI Zip 02832
Secretary Name Paul A. Toracinta Street Address 1078 Main Street City Hope Valley State RI Zip 02832	Treasurer Name Gail M. Toracinta Street Address 1078 Main Street City Hope Valley State RI Zip 02832

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

Director Name Gail M. Toracinta Street Address 1078 Main Street City Hope Valley State RI Zip 02832	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	Class/Series	Par Value
Number of Shares		
4,000 SHS COM NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
400	Common	No Par Val

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

File Date: JUN 09 1999  
Check No.: SEC'Y OF STATE

By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: Gail M. Toracinta Date: 6/9/99  
Print or Type Name of Officer: Gail M. Toracinta  
Title 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)

1. Corporate ID No. **58325** 2. Name of Corporation **POWER RESOURCES INC.**

3. Street Address Principal Business Office **1009 Main Street P.O. Box 537** City **Hope Valley** State **RI** Zip **02832**

4. Business Phone No. **401-539-8646** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9035**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Computer Power Equipment, Sales and Service**

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

President Name <b>Gail M. Toracinta</b>	Vice President Name <b>Paul A. Toracinta</b>
Street Address <b>1078 Main Street</b>	Street Address <b>1078 Main Street</b>
City State Zip <b>Hope Valley RI 02832</b>	City State Zip <b>Hope Valley RI 02832</b>

Secretary Name <b>Paul A. Toracinta</b>	Treasurer Name <b>Gail M. Toracinta</b>
Street Address <b>1078 Main Street</b>	Street Address <b>1078 Main Street</b>
City State Zip <b>Hope Valley RI 02832</b>	City State Zip <b>Hope Valley RI 02832</b>

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

Director Name <b>Gail M. Toracinta</b>	Director Name <b>None</b>
Street Address <b>1078 Main Street</b>	Street Address <b>None</b>
City State Zip <b>Hope Valley RI 02832</b>	City State Zip <b>None</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address <b>None</b>	Street Address <b>None</b>
City State Zip <b>None</b>	City State Zip <b>None</b>

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
<b>4,000 SHS COM NO PAR VAL</b>	<b>400 Common No Par Val</b>

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



File Date: 2-11-98

Check No.: 6481

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] 2/10/98

Signature of Officer Date

**Gail M. Toracinta**

Print or Type Name of Officer

**President**

Title of Officer



**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. **56325** 2. Name of Corporation **POWER RESOURCES INC.**  
3. Street Address Principal Business Office  
**1009 Main Street** City **Hope Valley** State **RI** Zip **02832**  
4. Business Phone No. **401-539-8646** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9035**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Computer power systems, sales & service**

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

President Name <b>Gail M. Toracinta</b> Street Address <b>1078 Main Street</b> City <b>Hope Valley</b> State <b>RI</b> Zip <b>02832</b>	Vice President Name <b>Paul A. Toracinta</b> Street Address <b>1078 Main Street</b> City <b>Hope Valley</b> State <b>RI</b> Zip <b>02832</b>
Secretary Name <b>PAUL A. Toracinta</b> Street Address <b>1078 Main Street</b> City <b>Hope Valley</b> State <b>RI</b> Zip <b>02832</b>	Treasurer Name <b>Gail M. Toracinta</b> Street Address <b>1078 Main Street</b> City <b>Hope Valley</b> State <b>RI</b> Zip <b>02832</b>

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

Director Name <b>Gail M. Toracinta</b> Street Address <b>1078 Main Street</b> City <b>Hope Valley</b> State <b>RI</b> Zip <b>02832</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>
Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>4,000 SHS COM NO PAR VAL</b>			<b>400 shs</b>	<b>Common</b>	<b>No Par Val.</b>

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



File Date: 3.20.97  
Check No.: 5794  
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: [Signature] Date: 3.10.97  
Print or Type Name of Officer: **Gail M. Toracinta**  
Title of Officer: **President**

**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. 56325		2. NAME OF CORPORATION POWER RESOURCES INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1009 Main Street		CITY Hope Valley	STATE RI
4. BUSINESS PHONE NO. (401) 539-8646		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 9035
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Computer power systems, sales and service			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Gail M. Toracinta		VICE PRESIDENT NAME Paul A. Toracinta	
STREET ADDRESS 1078 Main Street		STREET ADDRESS 1078 Main Street	
CITY Hope Valley	STATE RI	ZIP CODE 02832	STATE RI
SECRETARY NAME Paul A. Toracinta		TREASURER NAME Gail M. Toracinta	
STREET ADDRESS 1078 Main Street		STREET ADDRESS 1078 Main Street	
CITY Hope Valley	STATE RI	ZIP CODE 02832	STATE RI

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Gail M. Toracinta		DIRECTOR NAME -	
STREET ADDRESS 1078 Main Street		STREET ADDRESS -	
CITY Hope Valley	STATE RI	ZIP CODE 02832	STATE -
DIRECTOR NAME -		DIRECTOR NAME -	
STREET ADDRESS -		STREET ADDRESS -	
CITY -	STATE -	ZIP CODE -	STATE -

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	SHS COM NO PAR VAL		400	COM	NO PAR VAL

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:

3/21/96  
4999

Check No:

*ECF*

By:

For Secretary of State Use Only

Signature of Officer

Paul A. Toracinta

Print or Type Name of Officer

Vice President

Title of Officer

2-26-96

Date



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

Corporate ID: 0056325 Annual Report for the year: 1995

Name of Corporation: POWER RESOURCES INC.

Business entity organized under the laws of the State of: Rhode Island

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

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

Phone: ( ) \_\_\_\_\_

Brief statement of the character of business conducted in Rhode Island:  
Computer power systems,  
sales and service

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
1009 Main Street  
Hope Valley, RI 02832

Phone: (401) 539-8646

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Gail M. Toracinta	1078 Main St.	Hope Valley, RI	02832
VICE PRESIDENT Paul A. Toracinta	1078 Main St.	Hope Valley, RI	02832
SECRETARY Paul A. Toracinta	1078 Main St.	Hope Valley, RI	02832
TREASURER Gail M. Toracinta	1078 Main St.	Hope Valley, RI	02832

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Gail M. Toracinta	1078 Main St.	Hope Valley, RI	02832
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 Stock		

Date February 28, 19 95 By: Gail M. Toracinta

PRINT OR TYPE NAME OF OFFICER SIGNING Gail M. Toracinta  
 TITLE 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.

PAUL A TORACINTA  
 1078 MAIN STREET  
 P.O. BOX 537  
 HOPE VALLEY RI 02832

**PAID**  
 JUN 03 1995  
 TR 4286  
 SECRETARY OF STATE

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
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: 0056335 Annual Report for the year: 1994

Name of Business Entity: POWER RESOURCES INC.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

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

Phone: ( )

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

1009 Main Street  
Hope Valley, RI 02832-0103

Phone: (401) 539-8646

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 7-1.6)

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

Paul A. Toracinta, President  
P.O. Box 537  
Hope Valley, RI 02832

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

Computer Power Systems, sales and service

Date of Organization June 5, 1989

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

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR  PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Paul A. Toracinta 1078 Main Street Hope Valley, RI 02832

CHIEF OPERATING OFFICER OR  VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

CUSTODIAN OF RECORDS OR  SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Gail M. Toracinta 1078 Main Street Hope Valley, RI 02832

CHIEF FINANCIAL OFFICER OR  TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 4000 shares

CLASS Common Stock

SERIES

PAR VALUE OR WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR WITHOUT PAR

Date February 9 19 94

By [Signature]

Paul A. Toracinta  
PRINT OR TYPE NAME OF OFFICER SIGNING

President  
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

PAUL A TORACINTA  
PO BOX 537, 1078 MAIN STREET  
HOPE VALLEY RI 02832

FILED  
FEB 10 1994  
Rem CK#3530

Filing Fee \$50.00

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

2777915  
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0056325

Annual Report for the year 1993

FIRST: The name of the corporation is POWER RESOURCES INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is COMPUTER POWER EQUIPMENT SERVICE  
& Sales

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1009 MAIN ST. Hope Valley RI 02832

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

Name Office Address (including number, street, zip code)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
PAUL A. TORACINTA	President	1078 MAIN ST. Hope Valley RI 02832
	Vice President	
GRACE M. TORACINTA	Secretary	1078 MAIN ST Hope Valley RI 02832
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares 4000 Class Common Stock

Series PAID  
MAR 19 1993

Par Value or statement that shares are without par value

EIGHTH: Number of Shares issued:

No. of Shares 4000 Class Common Stock

Series SECRETARY OF STATE

Par Value or statement that shares are without par value

Dated 03/17 1993

Power Resources Inc.  
(Name of Corporation)

By [Signature]

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0056325 Annual Report for the year 1992

FIRST: The name of the corporation is POWER RESOURCES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Computer Power Equipment Sales  
& SERVICE

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1009 Main St Hope Valley, RI 02832  
(Change of Address)

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

Name	Office	Address (including number, street, zip code)
<u>Paul A. Toracinta</u>	Director	<u>1078 Main St Hope Valley, RI 02832</u>
	Director	
	Director	
<u>Paul A. Toracinta</u>	President	<u>1078 Main St Hope Valley, RI 02832</u>
	Vice President	
<u>Gail M. Toracinta</u>	Secretary	<u>1078 Main St Hope Valley, RI 02832</u>
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares 4000 Class Common Stock

**PAID**  
MAR 17 1992  
SECY OF STATE  
AMT  
2089

Par Value or statement that shares are without par value

EIGHTH: Number of Shares issued:

No. of Shares 4000 Class Common Stock Series

Par Value or statement that shares are without par value

Dated March 12, 19 92

Power Resources, Inc  
(Name of Corporation)  
By Gail M. Toracinta  
Title President

(Report must be signed by an officer)

INCORPORATED UNDER THE LAWS OF  
STATE OF RHODE ISLAND



N U M B E R

1

S H A R E S

400

POWER RESOURCES, INC.

4,000 SHARES - COMMON STOCK - NO PAR VALUE

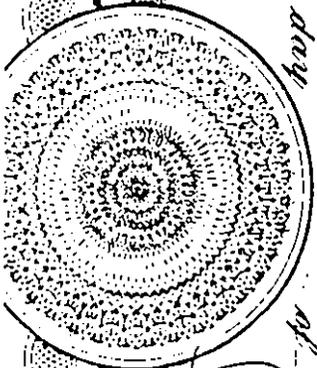
This certifies that Paul A Tancide is the  
registered holder of 400 - (Four hundred) Shares

transferrable only on the books of the Corporation by the holder hereof in  
person or by attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed  
by its duly authorized officers and its Corporate Seal to be hereunto affixed  
this 5th day of July 1989

*Paul A Tancide*

*Paul A Tancide*



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

55  
1991

Corporate ID 0056325 Annual Report for the year 1991

FIRST: The name of the corporation is POWER RESOURCES INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is SERVICE, SALES, INSTALLATION & CONSULTATION COMPUTER POWER PRODUCTS

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

FIFTH: Business address in Rhode Island 1078 MAIN ST PO BOX 537  
HOPE VALLEY, RI 02832

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

Name	Office	Address (including number, street, zip code)		
PAUL A. TORACINTA	Director	1078 MAIN ST	Hope Valley	02832
PAUL A. TORACINTA	Director	1078 MAIN ST	Hope Valley	02832
PAUL A. TORACINTA	Director	1078 MAIN ST	Hope Valley	02832
PAUL A. TORACINTA	President	1078 MAIN ST	Hope Valley	02832
PAUL A. TORACINTA	Vice President	1078 MAIN ST	Hope Valley	02832
PAUL A. TORACINTA	Secretary	1078 MAIN ST	Hope Valley	02832
PAUL A. TORACINTA	Treasurer	1078 MAIN ST	Hope Valley	02832

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4500		PAID	

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4000		SECY OF	

Dated Feb 7 19 91

Power Resources, Inc  
(Name of Corporation)  
By Paul A. Toracinta PAUL TORACINTA  
Title PRESIDENT

(Report must be signed by an officer)

NUMBER  
1

SHARES  
400-



POWER RESOURCES, INC.  
4,000 SHARES - COMMON STOCK - NO PAR VALUE

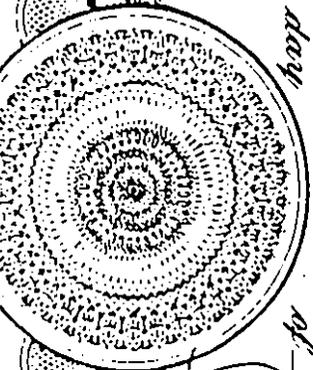
This certifies that Paul A Tancide is the  
registered holder of 400 (Four hundred) Shares

transferable only on the books of the Corporation, by the holder hereof in person or by attorney whom a memorandum of this certificate properly endorses.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed this 1st day of July 1988

Paul A Tancide

Paul A Tancide



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

CZ

Corporate ID 0056325 Annual Report for the year 1990

FIRST: The name of the corporation is POWER RESOURCES INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is COMPUTER POWER EQUIPMENT SALES & SERVICE

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island P.O. Box 537, 1078 MAIN ST. Hope Valley, RI 02832

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>PAUL A. TORACINTA</u>	President	<u>P.O. Box 537, 1078 MAIN ST Hope Valley RI 02832</u>
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>4000</u>	<u>COMMON STOCK</u>		<u>without par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>4000</u>	<u>COMMON STOCK</u>		<u>without par value</u>

Dated 02/05 19 90

Power Resources, Inc  
(Name of Corporation)  
By Paul T  
Title PRES.

(Report must be signed by an officer)