



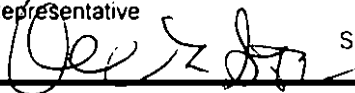
State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2020**  
Corporation

STAMP

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>76154</b>		2. Exact name of the Corporation <b>Cybertherm Inc.</b>												
3. Principal Office Address <b>8 Filko Avenue</b>			City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>									
4. NAICS Code <b>334118</b>		6. Brief description of the character of business conducted in Rhode Island <b>Manufacturing and selling industrial thermal control panels at wholesale and retail.</b>												
5. State of Incorporation <b>MA</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Dale M. Souza</b>			Vice-President Name <b>Donna L. Souza</b>											
Street Address <b>831 Highland Avenue</b>			Street Address <b>831 Highland Avenue</b>											
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>									
Secretary Name <b>Donna L. Souza</b>			Treasurer Name <b>Dale M. Souza</b>											
Street Address <b>831 Highland Avenue</b>			Street Address <b>831 Highland Avenue</b>											
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Dale M. Souza</b>			Director Name <b>Dale M. Souza</b>											
Street Address <b>831 Highland Avenue</b>			Street Address <b>831 Highland Avenue</b>											
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>									
Director Name <b>----</b>			Director Name <b>----</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized														
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
200	Common	No Par Value												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.														
<b>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.</b>														
Name of Authorized Representative <b>Donna L. Souza</b>				Date <b>1-16-2020</b>										
Signature of Authorized Representative  <span style="float: right;">SIGN DOCUMENT HERE <b>FILED</b></span>														

## MAIL TO:

Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

FEB 04 2020  
 BY **2319 A.A**