



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 76154		2. Name of Corporation Cybertherm, Inc.	
3. Street Address Principal Business Office 8 Filko Avenue		City Swansea	State MA
4. Business Phone No. (508) 379-9890		5. State of Incorporation MASSACHUSETTS	
		6. SIC Code 2618	
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING AND SELLING INDUSTRIAL THERMAL CONTROL PANELS AT WHOLESALE AND RETAIL.			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.			
President Name Dale M. Souza		Vice President Name Donna L. Souza	
Street Address 831 Highland Avenue		Street Address 831 Highland Avenue	
City Fall River	State MA	City Fall River	State MA
Secretary Name Donna L. Souza		Treasurer Name Donna L. Souza	
Street Address 831 Highland Avenue		Street Address 831 Highland Avenue	
City Fall River	State MA	City Fall River	State MA
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.			
Director Name Dale M. Souza		Director Name Donna L. Souza	
Street Address 831 Highland Avenue		Street Address 831 Highland Avenue	
City Fall River	State MA	City Fall River	State MA
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
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	Number of Shares	Class/Series
15,000 COMM NO PAR VALUE		200	Common

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



File Date 3/18/05
Check No. 1461
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 3-11-05
Donna L. Souza
Print or Type Name of Officer
Secretary
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 76154		2. Name of Corporation Cybertherm, Inc.	
3. Street Address Principal Business Office 8 Filko Avenue		City Swansea	State MA
4. Business Phone No (508) 379-9890		5. State of Incorporation MASSACHUSETTS	6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING AND SELLING INDUSTRIAL THERMAL CONTROL PANELS AT WHOLESALE AND RETAIL.			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Dale M. Souza		Vice President Name Donna L. Souza	
Street Address 831 Highland Avenue		Street Address 831 Highland Avenue	
City Fall River	State MA	City Fall River	State MA
Secretary Name Donna L. Souza		Treasurer Name Dale M. Souza	
Street Address 832 Highland Avenue		Street Address 831 Highland Avenue	
City Fall River	State MA	City Fall River	State MA
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Dale M. Souza		Director Name Donna L. Souza	
Street Address 831 Highland Avenue		Street Address 831 Highland Avenue	
City Fall River	State MA	City Fall River	State MA
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
15,000 COMM NO PAR VALUE			
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
200	Common	No par val	

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



* 7 6 1 5 4 *

File Date **2/18/04**
Check No. **1417**
By: **cm**
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 **Donna L. Souza** Date **2-18-04**
Print or Type Name of Officer
Secretary
Title of Officer



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

LAWRENCE J. 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 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 76154
2. Name of Corporation Cybertherm, Inc.

3. Street Address Principal Business Office
8 Filko Avenue

City Swansea State MA Zip 02777

4. Business Phone No. (508) 379-9890
5. State of Incorporation MASSACHUSETTS

6. SIC Code 2618

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

Manufacture and sale of industrial thermal control panels

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

President Name

Dale M. Souza

Street Address

831 Highland Avenue

City Fall River State MA Zip 02720

Vice President Name

Donna L. Souza

Street Address

831 Highland Avenue

City Fall River State MA Zip 02720

Secretary Name

Donna L. Souza

Street Address

831 Highland Avenue

City Fall River State MA Zip 02720

Treasurer Name

Dale M. Souza

Street Address

831 Highland Avenue

City Fall River State MA Zip 02720

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

Director Name

Dale M. Souza

Street Address

831 Highland Avenue

City Fall River State MA Zip 02720

Director Name

Donna L. Souza

Street Address

831 Highland Avenue

City Fall River State MA Zip 02720

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
15,000	COMM NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No Par Value

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



* 7 6 1 5 4 *

File Date: 3/25/03

Check No.: 1382

By: DA

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: Donna L. Souza Date

Donna L. Souza

Print or Type Name of Officer

Secretary

Title of Officer

5

Form 630 12/02



STATE OF RHODE ISLAND
AND 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.

76154

2. Name of Corporation

Cybertherm, Inc.

3. Street Address Principal Business Office

8 Filko Avenue

4. Business Phone No.

(508) 379-9890

5. State of Incorporation

MASSACHUSETTS

City

Swansea

State

MA

Zip

02777

6. SIC Code

2618

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

Manufacture and sale of industrial thermal control panels

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

President Name

Dale M. Souza

Street Address

831 Highland Avenue

City

State

Zip

Fall River

MA

02720

Secretary Name

Donna L. Souza

Street Address

831 Highland Avenue

City

State

Zip

Fall River

MA

02720

Vice President Name

Donna L. Souza

Street Address

831 Highland Avenue

City

State

Zip

Fall River

MA

02777

Treasurer Name

DALE M. Souza

Street Address

831 Highland Avenue

City

State

Zip

Fall River

MA

02720

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

Director Name

Dale M. Souza

Street Address

831 Highland Avenue

City

State

Zip

Fall River

MA

02720

Director Name

none

Street Address

none

City

State

Zip

none

none

none

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

15,000 COMM NO PAR VALUE

Director Name

Donna M. Souza

Street Address

831 Highland Avenue

City

State

Zip

Fall River

MA

02720

Director Name

none

Street Address

none

City

State

Zip

none

none

none

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

No Par Value

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



* 7 6 1 5 4 *

File Date: 3-8-02

Check No.: 1340

By: AMF

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

Donna L. Souza

Print or Type Name of Officer

Secretary

Title of Officer

5



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. **76154** 2. Name of Corporation **Cybertherm, Inc.**
3. Street Address Principal Business Office **8 Filko Avenue** City **Swansea** State **MA** Zip **02777**
4. Business Phone No. **(508)379-9890** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacture and sale of industrial thermal control panels

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

President Name Dale M. Souza	Vice President Name Donna L. Souza
Street Address 831 Highland Avenue	Street Address 831 Highland Avenue
City Fall River State MA Zip 02720	City Fall River State MA Zip 02720
Secretary Name Donna L. Souza	Treasurer Name Dale M. Souza
Street Address 831 Highland Avenue	Street Address 831 Highland Avenue
City Fall River State MA Zip 02720	City Fall River State MA Zip 02720

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

Director Name Dale M. Souza	Director Name Donna L. Souza
Street Address 831 Highland Avenue	Street Address 831 Highland Avenue
City Fall River State MA Zip 02720	City Fall River State MA Zip 02720
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

Number of Shares	Class/Series	Par Value
15,000	Common	No Par Value

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No Par Value

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



* 7 6 1 5 4 *

File Date: 2/21

Check No.: 1288

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

Donna L. Souza

Print or Type Name of Officer

Secretary

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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

76154

Cybertherm, Inc.

3. Street Address Principal Business Office

8 Filko Avenue

City

Swansea

State

MA

Zip

02777

4. Business Phone No.

(508)379-9890

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

2618

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

Manufacture and sale of industrial thermal control panels

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

President Name

Dale M. Souza

Street Address

831 Highland Avenue

City

State

Zip

Fall River

MA

02720

Secretary Name

Donna L. Souza

Street Address

831 Highland Avenue

City

State

Zip

Fall River

MA

02720

Vice President Name

Donna L. Souza

Street Address

831 Highland Avenue

City

State

Zip

Fall River

MA

02720

Treasurer Name

Dale M. Souza

Street Address

831 Highland Avenue

City

State

Zip

Fall River

MA

02720

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

Director Name

Dale M. Souza

Street Address

831 Highland Avenue

City

State

Zip

Fall River

MA

02720

Director Name

none

Street Address

none

City

State

Zip

none

none

none

Director Name

Donna L. Souza

Street Address

831 Highland Avenue

City

State

Zip

Fall River

MA

02720

Director Name

none

Street Address

none

City

State

Zip

none

none

none

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

15,000

Common

No Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

No ParValue

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



* 7 6 1 5 4 *

File Date: 8-24-00

Check No.: 1246

By: AMF

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

Donna L. Souza

Print or Type Name of Officer

Secretary

Title of Officer

Date

2-16-00



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. **76154** 2. Name of Corporation **Cybertherm, Inc.**
3. Street Address Principal Business Office
8 Filko Avenue City **Swansea** State **MA** Zip **02777**
4. Business Phone No. **(508) 379-9890** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **2818**

7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacture & sale of industrial thermal control panels

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

President Name Dale M. Souza	Vice President Name Donna L. Souza
Street Address 831 Highland Avenue	Street Address 831 Highland Avenue
City Fall River State MA Zip 02720	City Fall River State MA Zip 02720
Secretary Name Donna L. Souza	Treasurer Name Dale M. Souza
Street Address Same	Street Address Same
City State Zip	City State Zip

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

Director Name Dale M. Souza	Director Name Donna L. Souza
Street Address Same	Street Address Same
City State Zip	City State Zip
Director Name	Director Name
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
15,000	Common	no par value

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	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: **04-05-99**

Check No.: **1192**

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 **Donna Souza** Date **3-30-99**

Print or Type Name of Officer **DONNA SOUZA**

Title of Officer **Secretary**



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. **76154** 2. Name of Corporation **Cybertherm, Inc.**
3. Street Address Principal Business Office **8 Filko Avenue** City **Swansea** State **MA** Zip **02777**
4. Business Phone No. **(508) 379-9890** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **2618**

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

Manufacture & sale of industrial thermal control panels

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

President Name	Vice President Name
Dale M. Souza	Donna L. Souza
Street Address	Street Address
831 Highland Avenue	831 Highland Avenue]
City	City
Fall River	Fall River
State	State
MA	MA
Zip	Zip
02720	02720
Secretary Name	Treasurer Name
Donna L. Souza	Dale M. Souza
Street Address	Street Address
same as above	same as above
City	City
State	State
Zip	Zip

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

Director Name	Director Name
Dale M. Souza	Donna L. Souza
Street Address	Street Address
same as above	same as above
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
15,000	Common	No par value

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	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: 3-25-98
Check No.: 1127
By: 1UP

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: 3-20-98
Print or Type Name of Officer: DONNA SOUZA
Title of Officer: VICE 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.

76154

2. Name of Corporation

Cybertherm, Inc.

3. Street Address Principal Business Office

8 Filko Avenue

City

Swansea

State

MA

Zip

02777

4. Business Phone No.

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

2618

(508) 379-9890

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

Manufacture & sales of industrial thermal control panels

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

President Name

Dale M. Souza

Street Address

831 Highland Avenue

City

State

Zip

Fall River

MA

02720

Secretary Name

Donna L. Souza

Street Address

same as above

City

State

Zip

Vice President Name

Donna L. Souza

Street Address

831 Highland Avenue

City

State

Zip

Fall River

MA

02720

Treasurer Name

Dale M. Souza

Street Address

same as above

City

State

Zip

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

Director Name

Dale M. Souza

Street Address

same as above

City

State

Zip

Director Name

Donna L. Souza

Street Address

same as above

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

15,000 Common

No par value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

No par value

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



* 7 6 1 5 4 *

File Date: 5/21/97

Check No.: 01087

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] 5-13-97
Signature of Officer Date

DALE M. SOUZA
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. 76154		2. NAME OF CORPORATION Cybertherm, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 8 Filko Avenue			CITY Swansea	STATE MA	ZIP CODE 02777
4. BUSINESS PHONE NO. (508) 379-9890		5. STATE OF INCORPORATION MASSACHUSETTS			6. SIC CODE 2618
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Manufacture & sales of industrial thermal control panels					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Dale M. Souza			VICE PRESIDENT NAME Donna L. Souza		
STREET ADDRESS 831 Highland Avenue			STREET ADDRESS 831 Highland Avenue		
CITY Fall River	STATE MA	ZIP CODE 02720	CITY Fall River	STATE MA	ZIP CODE 02720
SECRETARY NAME Dale M. Souza			TREASURER NAME Donna L. Souza		
STREET ADDRESS same as above			STREET ADDRESS same as above		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Dale M. Souza			DIRECTOR NAME Donna L. Souza		
STREET ADDRESS same as above			STREET ADDRESS same as above		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
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
15,000 COM NO PAR VAL			200	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:

7/25/96

Check No:

1042

By:

[Signature]

For Secretary of State Use Only

Signature of Officer

Dale M Souza

Print or Type Name of Officer

President

Title of Officer

4/4/96
Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

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: 0076154 Annual Report for the year: 1995

Name of Corporation: Cybertherm, Inc.

Business entity organized under the laws of the State of: Massachusetts Business Entity is (check one):

For foreign entity, address and telephone number of principal office: ☒ Business Corporation (See RIGL Chapter 7-1.1)
8 Filko Street ☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
Swansea, MA 02777

Phone: (508) 379-9890

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

311 Angell Street
Providence, RI 02906

Attention: Leonard Accardo, Jr.

Phone: (401) 421-5100

Brief statement of the character of business conducted in Rhode Island:
Manufacturing and selling industrial thermal control panels at wholesale, and at retail.
Also, to acquire, purchase, build, construct, lease, manage, improve, develop and operate, sell, transfer, convey, mortgage, real property and/or personal property wherever located.

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Dale M. Souza	831 Highland Avenue, Fall River, MA	02720	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Donna L. Souza	same as above		
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Donna L. Souza	same as above		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Dale M. Souza	same as above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Dale M. Souza	same as above		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Donna L. Souza	same as above		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
15,000.00	Common Without Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
200	Common Without Par Value

Date 3/21, 19 95

By: 

Form 31 1/95 PRINT OR TYPE NAME OF OFFICER SIGNING Dale M. Souza

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.

LEONARD ACCARDO, JR.
311 ANGELL STREET
PROVIDENCE RI 02906

PAID

JUN 05 1995

SEC'Y OF STATE

Ch #01014 none