

FOR SECRETARY OF STATE

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

Corporations Division 100 North Main Stree Providence, RI 02903-1335

Form 630 Rev. 2/03

Matthew A	. Brown, Secrete	ary of State			Providence, RI 02903-1 401.222	
PROFIT CORPO	PRATION .	ANNIIAI. REPO	RT FOR THE YE	A.D. 00	i	,•
come reriou: january 1 -	march I •	Filing Fee: \$50.00	KI FUK IRE JE	AR	<u>u5 </u> _	
(FORM MUST BE TYPED OR PR	UNTED IN BLACK)				.	
1. Corporate ID No	2. Name of Corp	Doration				_
76154	Cyberthe	rm, Inc.			;   '	
3 Street Address Principal Busines 8 Filko Avenue	s Office		City	State	Zip	_
4. Business Phone No.	<del>-</del>		Swansea	MA	02777	
(508) 379-9890		5. State of Incorporati	lon		6. SIC Code	_
7. Brief Description of the Characte	er of Business Conduc	MASSACHUS			2618	
MANUFACTURING AN	ID SELLING INDU	ISTRIAL THERMAL CONTI	ROL PANELS AT WHOLESALI	E AND RETAIL.		
3. NAMES AND ADDRESSI	ES OF THE OFFI	CERS: ("X" BOX FOR A		SPACES BEFORE USIN	NG ATTACHMENITE	
President Name Dale M. Souza			Vice President Name	orriozo zini Onz. Ojii	NO ATTACHMENTS:	
			Donna L. Sou	ıza		: 1
Stron Address 831 Highland A	lvenue		Street Address	<del></del>	<del></del>	<u>라</u>
Gar.	State	2/n	831 Highland	Avenue		
Fall River	MA	027.40	Cir-	State	Zip :	
ecretary Name		1220	Fall River	<u> MA</u>	02720	•••
Donna L. Souza	<u> </u>		Donna L. Sou	17.3	1	
irect Address			Street Address		<u>·</u>	_
831 Highland A			831 Highland	Avenue	1 1	
Fall River	State	Zip	City	State	Zip	. 1
. NAMES AND ADDRESSE	MA S OF THE DIRE	02720	Fall River	MA	02720	'[
Arector Name		CIONS. ( A BOAFOR .	Director Name	N SPACES BEFORE US	ING ATTACHMENTS	:1
Dale M. Souza			Donna L. Sou	2.8	1.	1
rect Address			Street Address		<del></del>	_
831 Highland A	<del></del>		831 Highland	Avenue	. 1	
ng Fall River	State MA	Zip	City	State	Zip	_
Frector Name		02720	Fall River	MA MA	02720	
None			Director Name None		79	•
rect Address		<del></del>	Sirvet Address			Ц
			SITE AND PES			
ity	State	Zip	City	State	2 2 2 3 3 1 1 1 2 3 3 3 3 1 1 1 1 1 1 1	┨
O CHAREC AUTHORISES						
O. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR	ATTACHMENT)	•	("X" BOX FOR ATTACE	HMENT)	
umber of Shares	Class/Series	Par Value	ISSUED SHARES			_
<u> </u>		rur ranae	Number of Shares	Class/Scries	Par Muie T	╝
15,000 COMM NO PAR VA	LUE		200	Common	No Bar Valu	,
			<del></del>	<del>-</del>		4
<del></del>						
This report must be	signed in ink by	either the President, Vice	President, Secretary, Assista	int Secretary, Treasurer,	Receiver or Trustee	_
4 (90)	II 18818 SUST USS.			•		i
		3			]	1
		<b>                                     </b>				
1 1881	11: 30 00 81 01 1900		Under penalty of per	jury. I declare and affirm the	hat I have examined this (epo	,,,
0	Class		including any accom contained herein are	panying schedules and sta	tements, and that all statemen	าเร
ile Date	1 15/165 I		L. Di	Dud and Correct.		. j
<u> </u>	101		Signature of Officer	PYTYS	<u> 3-11-05</u>	_
heck No	101	_	· ·	7	Date	
_	$\frown$		Donna L. S	ouza		

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

401.222.3040

#### 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. 2. Name of Corporation 76154 Cybertherm, Inc. 3. Street Address Principal Business Office State ZID 8 Filko <u>Avenue</u> <u>Swansea</u> MA 02777 4. Business Phone No 5. State of Incorporation G. SIC Code (508) 379-9890 <u>MASSACHUSETTS</u> 7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING AND SELLING INDUSTRIAL THERMAL CONTROL PANELS AT WHOLESALE AND RETAIL. 2618 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Dale M. Souza Donna L. Souza Street Address Street Address 831 Highland Avenue 831 Highland Avenue State Zip State Fall River MA 02720 Fall River MA J 02720 Secretary Name Treasurer Name Donna L. Souza <u>Dale M. Souza</u> Street Address Sireci Address 832 Highland Avenue 831 Highland Avenue Zip State Zip Fall River MA 02720 Fall River MA 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 02720 ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Dale M. Souza <u>Donna L. Souza</u> Street Address Street Address 831 Highland Avenue 831 Highland Avenue State Zip City Zip. Fall River MA 02720 Fall River 02720 Director Name Director Name None None Street Address Street Address City State Zip City State 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 15,000 COMM NO PAR VALUE 200 Common <u>No</u>par val This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

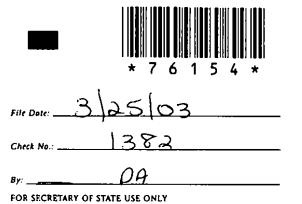
Under penalty of perjury, I declare and including any accompanying schedules contained heroin are true and correct.	affirm that I have examined this report, and statements, and that all statements
10 Xe	2-14-04
Stenature of Office	Date
Donna L. Souza	
Print or Type Name of Officer	
Secretary	
Title of Officer	

gawara 3. inman, 111, secretary of state Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 76154 Cybertherm, Inc. 3. Street Address Principal Business Office City State 210 8 Filko Avenue MA. 02777 Swansea 4. Business Phone No 5. State of Incorporation 6. SIC Code (508) 379-9890 **MASSACHUSETTS** 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 Donna L. Souza Street Address Street Address 831 Highland Avenue 831 Highland Avenue City State City State 02720 MA Fall River Fall River 02720 MA Secretary Name Treasurer Name Donna L. Souza Dale M. Souza Street Address Street Address 831 Highland Avenue 831 Highland Avenue City Zip Fall River MA 02720 MA Fall River 02720 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Director Name Dale M. Souza Donna L. Souza Street Address Street Address 831 Highland Avenue 831 Highland Avenue State Cirv Zip Fall River MA. 02720 Fall River MA 02720 Director Name Director Name None None Street Address Street Address Cltv State 7.1p City State 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 200

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



15,000 COMM NO PAR VALUE

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

Common

Date

Donna L. Souza Print or Type Name of Officer

Secretary

Title of Officer

Farin 630 12/02

No Par Value

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-2040

## 401-222-3040

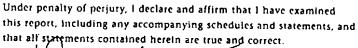
PROFIT CORI	PORATION  ry 1-March 1 •	ANNUAL RI	EPORT FOR THE	YEAR 200	PULASE READ
(FORM MUST BE TYPED IN BL					INSTRUCTIONS
76154	Cybertherm				
3. Street Address Principal Busines		, mc.	City	C+-+-	
8 Filko Avenu 4. Business Phone No.		5. State of Incorporatio	Swansea	State MA	Zip 02777 6. SIC Code
(508) 379-989 7. Brief Description of the Charact	90 er of Business Conducted :	MASSACHUS			2618
Manufacture ar 8. NAMES AND ADDRE Presideni Name	nd sale of SSES OF THE OFF	industerial t CERS ("X" BOX FOR ATT.	hermal control pa ACHMENT) FILL IN SPACES BE Vice President Name	nels Fore using attack	HMENTS
Dale M. Souza			Donna L. Souza		
831 Highland A	Avenue		831 Highland A	venue	
City	State	Zip	City	State	Zip
Fall River Secretary Name	MA	02720	Fall River Teasurer Name	MA	Ö2777
Donna L. Souza	3.		DAle M. Souza		
831 Highland A	Avenue		831 Highland A	venue	
City	State	Zip	City	State	Zip
Fall River  D. NAMES AND ADDRES  Director Name	MA SSES OF THE DIRE	02720 ECTORS (*x* BOX FOR AT	Fall River  TACHMENT) FILLIN SPACES    Director Name	MA BEFORE USING ATTA	02720 CHMENTS
Dale M. Souza			Donna M. Sou	za	
831 Highland I	Avenue State	Zip	. 831 Highland	Avenue	Zip
Fall River	MA	027.20	Fall River	MA	02720
none ireet Address			none Street Address		
none	<b>.</b>		. none		
lity	State	Zip	City	State	Z(p
none 0. Shares authorize Uihoruzo shares	none D (*X* box for atta	none CHMENT)	none 11. SHARES ISSUED (*x* ISSUED SHARES	none BOX FOR ATTACHMENT)	none
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000 COMM NO PAR V	ALUE		•	31110-17-911-14-9	. at Affilia
			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



AMF

FOR SECRETARY OF STATE USE ONLY



1 1()	c 1	-		
XX	1) -X	10	03-04-02	
Signature of Officer	()35	0	Date	

Donna L. Souza
Print or Type Name of Officer
Secretary

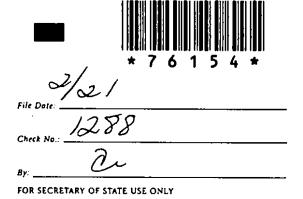
		_
litle	of	Officer
-	_	

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 BLA	CK)				
1. Corporate 1D No.	2. Name of Corporation	<b>э</b> л	· · · · · · · · · · · · · · · · · · ·		
76154	Cyberther	m, Inc.			
3. Street Address Principal Business 8 Filko Avenue	Office		ciiy Swansea	·State MA	ziō 02777
4. Business Phone No. (508)379–9890		S. State of Incorporation MASSACHUSE	n		6. SIC Code 2618
7. Brief Description of the Character Manufacture and sale (	of Business Conducted in Of industrial the	Rhode Island Emmal control pane	ıls	•	
8. NAMES AND ADDRESS President Name Dale M. SOLZA				FORE USING ATTACHM	ENTS
Street Address 831 Highland Avenue			Street Address 831 Highland Avenue		
City	State	Zip	City ·	State	Zip
Fall River	MA	02720	Fall River	MA	02720
Secretary Name Donna L. Souza Street Address			Treasurer Name Dale M. Souza Street Address		•
831 Highland Avenue			831 Highland Avenue		
Fall River	State MA	zıp 02720	City Fall River	State MA	zip 02720
9. NAMES AND ADDRESS Director Name Dale M. Souza	SES OF THE DIREC	CTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPACES E  Director Name  Dorma L. Souza	BEFORE USING ATTACH	IMENTS
Street Address 831 Highland Avenue	· · · · · · · · · · · · · · · · · · ·	• .	Street Address 831 Highland Avenue		
City	State	Zip	City	State	Zip
Fall River	MA	02720	Fall River	MA ' '	02720
Director Name TIONE			Director Name		.• .• .
Street Address	•		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZES AUTHORIZED SHARES	D ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*x-	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000	Common	No 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



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

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 BLAC	TIPED IN BLAC	IITEU	DE	MUSI	JAM
----------------------------	---------------	-------	----	------	-----

1. Corporate ID No. 76154

15,000

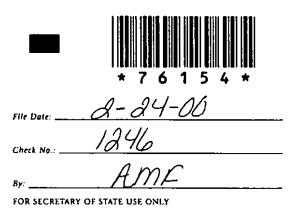
2. Name of Corporation

10154	Cyber cher	my 1110-			
3. Street Address Principal Busines	s Office		City	State	Zip
8 Filko Avenue			Swansea	MA	02777
4. Business Phone No.		5. State of Incorporation			6. SIC Code
	(508) 379-9890  **HASSACHUSET of Description of the Character of Business Conducted in Rhode Island**				2618
Manufacture and s 8. NAMES AND ADDRES President Name			ntrol panels  HMENT) FILLIN SPACES E  Vice President Name	EFORE USING ATTA	CHMENTS
Dale M. Souza Street Address			Donna L. Souza Street Address		
831 Highland Ave	nue		831 Highland Ave	enue	
City	State	ZIp	City	State	Zip
Fall River Secretary Name	MA	02720	Fall River Treasurer Name	MA	02720
Donna L. Souza Street Address			Dale M. Souza Street Address		
831 Highland Ave	nue		831 Highland Ave	enue	
City	State	Zip	City	State	Zip
Fall River	MA	02720	Fall River	MA	02720
9. NAMES AND ADDRES Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
Dale M. Souza			Donna L. Souza		
831 Highland Ave	nue		831 Highland Av	enue	
City	State	Zip	City	State	ZIP
Fall River Director Name	· MA	02720	Fall River Director Name	MA	02720
none Street Address			none Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none
10. SHARES AUTHORIZI AUTHORIZZO SHARES	ED ("X" BOX FOR ATT	'ACHMENT)	11. SHARES ISSUED (*.	X° BOX FOR ATTACHMEN	TT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

200

No Par Value



Common

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 intrein are true and correct.

Common

Signature of Officer

Donna L. Souza

Print or Type Name of Officer
Secretary

Title of Officer

No ParValue

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



3. Street Address Principal Business Office 8 Filko Avenue Swansea MA 219 02777  4. Business Phone No. (508) 379-9890  5. WASSACHUSETTS  6. SIZEME  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  Street Address  8. 31 Highland Avenue  City State Zip City Mate Zip  Fall River MA 02720 Fall River MA 02720  Fall River MA 02720  Secretary Name Donna L. Souza  Street Address Secret Address Same  City State Zip State Zip  City State Zip	(FORM MUST BE TYPED IN BLAC 1. Corporate ID No.		tion .	•		·	
8 Filko Avenue Swansea MA 02777  4 Minimist Phone No. (508) 379-9890  5 MASSACHUSETTS  6 Si2618  7 Minic Description of the Character of Rusiness 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 Previous Name Daile M. Souza  5 Street Address 831 Highland Avenue  6 Size Address 831 Highland Avenue  6 Size Address 831 Highland Avenue  6 City Mate 2.09  6 City Mate 2.09  6 City Mate 2.09  6 City State 2.09  7 DORING L. SOUZA  6 City State 2.09  7 DORING L. SOUZA  7 DORING L. SOUZA  7 DORING L. SOUZA  8 State Address  8 Same  6 City State 2.09  7 State 2.09  7 State 2.09  10. SHARES AUTHORIZED ('X' BOX FOR ATTACHMENT)  7 State Address  8 Size Address  8 Siz	76154	Cyberthérn	i, Inc.				
(508) 379-9890 MASSACHUSETTS  2. Birth 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 Daile M. Souza  50ret Address  831 Highland Avenue  City State Zp City Mate 202720  Fall River MA 02720  Fall River MA 02720  Fall River MA 02720  Secretary Name Donna L. Souza  Daile M. Souza  50ret Address  Same  City Mater Zp City State Zp  Onna L. Souza  50ret Address  Same  City State Zp City State Zp  Director Name Donna L. Souza  50ret Address  Same  City State Zp City State Zp  City State Zp  City State Zp  City State Zp  City State Zp  City State Zp  City State Zp  City State Zp  Donna L. Souza  50ret Address  Same  City State Zp  City State Zp  City State Zp  City State Zp  Director Name  Dir		ffice				<sup>Zip</sup> 0277	7
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  Street Address  831 Highland Avenue  City State Zap City Mate Zap City Mate Zap City Mate Zap City State Zap City City City State Zap			<sup>5</sup> Massachu	<b>′</b> \$ЕТТЅ		6. 51C Call 8	
President Name Dale M. Souza  Steet Address 831 Highland Avenue 619 State 749 State City State Donna L. Souza  Secretary Name Donna L. Souza  Street Address Same City Mate  Zip City State Dale M. Souza  Street Address Same City State City City City City City City City City				rmal control par	nels		
831 Highland Avenue  City State Zip City Mater Zip O2720  Fall River MA 02720 Fall River MA 02720  Fall River MA Mater Name  State Address  Same  City State Zip City State Zip  Director Name  State Address  State Address  Fall River MA 02720  Fall River MA 02220  Fall River MA 02220  Fall River MA 02220  Fall River MA 02220  Fall River MA 0222	President Name	ES OF THE OFF	CERS (*X* BOX FOR ATT	Vice President Name		CHMENTS	
Fall River MA 02720  Fall River MA 02720  Secretary Name Donna L. Souza  Street Address Same City  State  2ip  City  State  Same  City  State  City		Venue			i Avenue		•
Donna L. Souza  Street Address Same  City  State  State  City  State  Director Name  Dale M. Souza  Street Address  Same  City  State  Donna L. Souza  Street Address  Same  City  State  State  City  State  Street Address  Same  City  State  State  City  State  Street Address  State  S			•	•			20
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 Street Address Same City State Zip City State Zip  Director Name  Director Name  Street Address  City State Zip  City State Zip  Outer Address  Street Address  Stree	Donna L. Souza				ża	•• ·	
PARTICIPATION AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS.  Director Name  Director Name  Director Name  Director Name  Same  City State Zip City State Zip  Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  To City State Zip  Director Name  Street Address  City State Zip  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Number of Shares  Class/Series Par Value  Number of Shares  Class/Series Par Value							
Director Name Dale M. Souza  Street Address Same City State  Director Name  State  Zip  Director Name  Director Name  Street Address  State  Zip  Director Name  Director Name  Director Name  Director Name  Street Address  State  Zip  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Number of Shares  Class/Series  Par Value  Number of Shares  Class/Series  Par Value	City	State	Zıp	City	State	Zip	
Director Name  Street Address  City  State  7:p  City  State  7:p  City  State  7:p  City  State  7:p  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Number of Shares  Class/Series  Par Value  Par Value	Dale M. Souza Street Address	ES OF THE DIR	ECTORS (*X* BOX FOR A	Duector Name Donna L. Sot Street Address	•	ACHMENTS	
Street Address  City State Zip City State Zip State Zip State Zip  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	City	State	Zip	City	State	Zip	-
City State Zip City State Zip  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	Director Name			Director Name			·•···•
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  SSUED SHARES  USSUED SHARES  Number of Shares  Class/Series Par Value  Number of Shares  Class/Series Par Value	Street Address			Street Address			
AUTHORIZED SHARES  Number of Shares  Class/Series  Par Value  Number of Shares  Class/Series  Par Value	City	State	Zip	City	State	Zip	·-·
Tar value		("X" BOX FOR ATT	ACHMENT)		("X" BOX FOR ATTACHMEN	T)	# -
15,000 Common no par value 200 Common No Par V	Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	-
·-	15,000 Common	no par	value	200	Common	No Par	Valu

	* 7 6 1 5 4 *
Filc Date:	04-05-99
Check No. :	1192
Ву:	
FOR SECRETARY OF ST	ATE USE ONLY

Print or Type Name of Officer

Date

Date

\_ Secretory



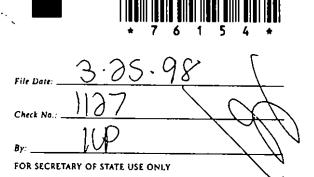
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street; Providence, RI 02903-1335
401-277-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

STOP PILANERI AD INSPRECIJONS

Time Terrou. Junuary	i-murch 1	Filing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN BLA					
1. Corporate ID No. 78154	2. Name of Corpora Cyberthern	n, Inc.	·	- <del>-,</del> -	·
3. Street Address Principal Business	Office	· ·	City	State	Zip
8 Filko Avenue 4. Rusiness Phone No.		S. State of Incorporation	Swansea	: MA	1. 1 02777 6. SIC Code
(508) $379-98907. Brief Description of the Character$	of Business Conducted	MASSACHUSE	-		2618
Manufacture & 8. NAMES AND ADDRESS President Name	sale of in SES OF THE OFF	dustrial therma ICERS ("X" BOX FOR ATTACH	al control panel: MENT) `Vice President Name	s .	• • •
Dale M. Souza			Donna L. Souza	a	
831 Highland A	venue State	Zip	: 831 Highland A	venue] State	Zip
Fall River Secretary Name	MA	02720	Fall River Treasurer Name	MA .	
Donna L. Souza Street Address			Dale M. Souza		· ·
same as above	State	Zip	same as above	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	CHMENT) - Director Name	•	· · · · ·
Dale M. Souza			Donna L. Souza		
same as above	State	Zip	same as above	State	Zip
Director Name			Director Name	•	• • • • • • • • • • • • • • • • • • • •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED ("X" I	BOX FOR ATTACHME	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000	Common	No 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



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 Down Souza

Print or Type Name of Officer

Title of Officer

... 20 12 101

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

#### PROFIT CORPORATION ANNUAL REPORT 1997

lling	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

City

State

2ip

8 Filko Avenue

Swansea

MA

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 N. Souza

Street Address

831 Highland Avenue

Secretary Name

Fall kiver

ŀiΑ

02720

Zip

Donna L. Souza Street Address

same as above

City

State

Vice President Name

Donna L. Souza

Street Address

831 Highland Avenue

City Fall River

MA

02720

Treasurer Name

Dale M. Souza

Street Address

Director Name

Street Address

Director Name

Street Address

same as above

Donna L. Souza

same as above

City

State

State

Zip

Zip

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

Director Name

Dale M. Souza

Street Address

same as above

City

Director Name

Street Address

City

State

State

Zip

ZIP

City

City

State

Zip

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

15,000 Common

No 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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined port, including any accompanying schedules and statements, and ents contained herein ecc, true and correct.

Type Name of Officer

Farm. 21 12 /06

#### FRONTI, CONFORMIUN **ANNUAL REPORT**

1996



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.	2. NAME OF CORPORATION				· · · · · · · · · · · · · · · · · · ·			
76154	Cybertherm, Inc.							
76154 3 STREET ADDRESS PRIVOPAL BUSINESS OF	PCE		QTY .	STATE	ZIP COOE			
8 Filko Avenue			Swainsea	STATE	02777			
BUSINESS PHONE NO.		5. STATE OF INCORPORATION	<u></u>		6 SiC COD€			
(508) 379-9890		MASSACHI	USETTS	2618				
7. BREF DESCRIPTION OF THE CHARACTER OF	BUSAVESS CONDUCTED IN RHODE IS	LAND						
Manufacture & sa	les of industr	ial thermal co	ontrol panels					
The state of the s	8. N A W	IES AND ADDR	ESSES OF THE O	FFICERS				
PRESIDENT NAME				VICE PRESIDENT JUME				
Dale M. Souza	· · · · · · · · · · · · · · · · · · ·		Donna L. Sou	26	· · · · · · · · · · · · · · · · · · ·			
831 Highland Ave	THE			Amanica				
any	STATE	ZP COOE	831 Highland	STATE	ZP 000E			
Fall River	MA	02720	Fall River	MA	02720			
SECRETARY NAME		an an , hadrig to the subject to the	TREASURER NAME	· · · · · · · · · · · · · · · · · · ·				
Dale M. Souza			Donna L. Sou	za				
STREET ADORESS			STREET ADDRESS					
same as above	STATE	ZZP COOE	same as abov					
	Jane	B auc	un	STATE	ZIP COOE			
<del></del>	9 . N A M	LES AND ADDR	ESSES OF THE D	1 R F C T O R S				
DIRECTOR NAME			DIRECTOR NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>			
Dale M. Souza			Donaz L. Sounz					
STREET ADORESS			STREET ADDRESS					
same as above	····		dame as above					
αγ	STATE	ZIP COOE	ary	STATE	75º CODE			
DIRECTOR NAME			DIRECTOR NAME					
			CONTESTION NORME					
STREET ADDRESS			STREET ADDRESS					
			<b>\</b>					
ary	STATE	ZIP CCDE	ary	STATE	ZP COSE			
	10. SH	ARES AUTHOR	IZEO AND ISSUE	0				
	AUTHORIZED SHARES			ISSUED SHARES				
NUMBER OF SHARES	OLASS / SERCES	PAR VALUE	MUMBER OF SHARES	CLASS / SERIES	PARVALUE			
15,000 COMM NO PAR VAL			200	Common	No Par Value			
				O dunio II	No Par Value			
					}			
<u> </u>								
	This	report must be SIG	SNED IN INK by either	the				

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under	penalty of perjury,	I declare and aff	firm that	I have exar	nined this
repon	including any acco	mpanying sched	lules and	statements	s, and that
alleta	including any accomments opnitalined	herein are true an	nd correc	t.	,

File Date: Check No: Ву: For Secretary of State Use Only

**DETACH BOTTOM BEFORE RETURNING** 

FORM 31 12/95

# 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:	00/6154		A	annual Report for the ye	1995 :ar:		
Name of Corporat	Cy	bertherm, In	<b>C</b> .				
Business entity organ	nized under the laws o	of the State of: Massa	chusetts	Business Entity is (che	eck one):		
Business entity organized under the laws of the State of: Massachusett For foreign entity, address and telephone number of principal office:				[X ] Business Corporation (See RIGL Chapter 7-1.1)			
8 Filko Street				[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)			
Swansea	, MA 02777	<u></u>	• • • • • • • • • • • • • • • • • • • •				
Phone: ( 508)	379-9890				character of business conducted and selling indust		
Address and telephone of the principal office of business entity in Rhode			hode	control panels at wholesale, and at retail.			
Island (Provide street address - Not P.O. Box):			anose .	Also, to acquire, purchase, build, construct,			
_311_Angel1 :			· · · · · · · · · · · · · · · · · · ·	lease, manage, improve, develop and operate,			
Providence,				sell, transfer, convey, mortgage, real			
	Leonard Acca	rdo, Jr.			or personal propert	y wherever	
Phone: (401)	421-5100		··	located.			
		THE NA	MES OF THE	E OFFICERS ARE:		<del></del> -	
PRESIDENT	<del></del>		STREET ADDRI	ESS	CITY/STATE.	ZIP CODE	
Dale M.	Souza	831 Highla	and Avenu	e, Fall River	, MA 02720		
VICE PRESIDENT			STREET ADDRI	ESS	CITY/STATE	ZIP CODE	
Donna L.	Souza	same as ab		<b>-</b> ,			
SECRETARY	Cours	anno na ob	STREET ADDRI	ESS	CITY/STATE	ZIP CODE	
Donna L.	<u> souza</u>	same as ab	STREET ADDR	Lee	CITY/STATE	ZIP CODE	
Dale M.	Souza	same as al		•~•	VII IISTATE	zar cont.	
				DIRECTORS ARE:			
NAME	<del></del>		STREET ADDR		CITY/STATE	ZIP CODE	
Dale M	Souza	same as al	oove				
NAME	0		STREET ADDR	ESS	CITY/STATE	ZIP CODE	
Donna L.	Souza	same as ab		****			
MAME			STREET ADDR	1:55	CITY/STATE	XIP CODE	
NUMBER OF SHAR	ES AUTHORIZED (R)	der may be attached)		NUMBER OF SHARES IS:	SUED AND OUTSTANDING (Ric	der may be attached)	
Number of Shares	Class /	Series		Number of Shares	Class / Series		
15,000.0	0 Comi	mon			_		
25,000.0		hout Par Valı	ie	$\sim$ 200	Common	72m ]m	
			1.	/ ) [ /	Without Par	value	
	,		Y	' In 1/1/ \/	()		
Date	3/21_	95	By:	liki // Ol	y Sherdy		
	7		<u> </u>				
Form 31 1/95	/		PRINTOR TYPE TITLE OF OFFI	E NAME OF OFFICER SIGNING	Dale M. Souza		
		COLCRIATED DUCCE			President		
DI CACCADOCC	_			NT FOR SERVICE O			
LUCASE NOTE: II	the registered office	and/or registered agent i	ndicated below is	s incorrect, Form 9 must b	oe med.		

JUN 0 5 1995

PAID

SECY OF STATE

Of #01014 MINE

LEONARD ACCARDO, JR. 311 ANGELL STREET PROVIDENCE RI 02906