



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

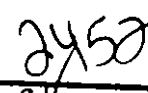
REC'D RI SOS BSD
25 APR 16 PM 3:26:33

1. Entity ID Number 000076154		2. Exact name of the Corporation Cybertherm, Inc.			
3. Principal Office Address 8 Filko Avenue			City Swansea	State MA	Zip 02777
4. NAICS Code 334118	6. Brief description of the character of business conducted in Rhode Island Manufacturing and selling industrial thermal control panels at wholesale and retail.				
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
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
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			200		No Par Value
			Common		
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. 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.					
Name of Authorized Representative Donna L. Souza, Secretary				Date 2-16-2025	
Signature of Authorized Representative 					

FILED

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

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FORM 630- Revised: 12/2023