



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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

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1. Entity ID Number 76154		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 MA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		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 Donna L. Souza, Secretary					Date 3-11-23
Signature of Authorized Representative 					

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

MS FILED 1052  
MAR 29 2023  
BY 2392