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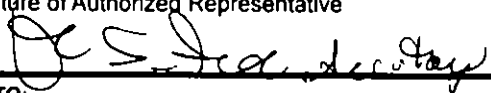


**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation \_\_\_\_\_

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

1. Entity ID Number <b>000076154</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>Massachusetts</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>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>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.		10. Shares Issued			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>200</b>	<b>Common</b>	<b>No Par Value</b>	
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, Secretary</b>				Date <b>3-19-2024</b>	
Signature of Authorized Representative 				<b>M3 FILED 239</b> <b>MAR 22 2024</b> <b>BY 2433</b>	

MAIL TO:  
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