



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 791082		2. Exact name of the Corporation Allcom Antennas and Lines, Inc.			
3. Principal office address 33 Wendall Street			City Coventry	State RI	Zip 02814
4. Business Phone No. 4014801448		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in any lawful business.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David Allyn			Vice-President Name Philip Moloney		
Street Address 33 Wendall Street			Street Address 33 Wendall Street		
City Coventry	State RI	Zip 02814	City Coventry	State RI	Zip 02814
Secretary Name Philip Moloney			Treasurer Name David Allyn		
Street Address 33 Wendall Street			Street Address 33 Wendall Street		
City Coventry	State RI	Zip 02814	City Coventry	State RI	Zip 02814
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value

MAR 22 AM 9:55
 SECRETARY OF STATE
 DIVISION OF BUSINESS SERVICES

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 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.

MAR 22 2013
 1108
 Signature of Authorized Representative: David K. Allyn
 Date: 3/8/2013
 Print or Type Name of Authorized Representative: DAVID K. ALLYN