State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
33709	Communications Unlimited Inc.			
3. Street Address Principal Business Office		City	State	Zip
3194 Post Road		Warwick	RI	02886
4. Business Phone No.	5. State of Incorporation			
737-0800	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
SELLING, INSTALLING AND MAINTAINING COMMUNICATION SYSTEMS AND TELECOMMUNICATIONS CONSULTING

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Kevin Rooney	C/o 3194 Post Road	Warwick	RI	02886

Vice President Name	Street Address	City	State	Zip
Christopher Burns	C/o 3194 Post Road	Warwick	RI	02886

Secretary Name	Street Address	City	State	Zip
Robert Boutillier	C/o 3194 Post Road	Warwick	RI	02886

Treasurer Name	Street Address	City	State	Zip
Kevin Rooney	C/o 3194 Post Road	Warwick	RI	02886

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Kevin Rooney	C/o 3194 Post Road	Warwick	RI	02886

Director Name	Street Address	City	State	Zip
Christopher Burns	C/o 3194 Post Road	Warwick	RI	02886

Director Name	Street Address	City	State	Zip
Robert Boutillier	C/o 3194 Post Road	Warwick	RI	02886

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
4,000	Common	No Par Value

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par

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.

[redacted]

[redacted]

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.

Kevin Rooney — 2/15/08
Signature *Date*

Kevin Rooney
Print or Type Name

[redacted] President
Title

FILED
File Date
Check No. Feb 20 2008
By: DS-22057
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06