

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)) i	is subject to a penalty f	ee of \$25.00.	- ·	, , , , , , , , , , , , , , , , , , ,		
1. Corporate ID No. 33709	2. Name of Corporation Communication					
3. Street Address Principal Business Office 3194 Post Road			City Warwick	State RI	7ip 02886	
737-0800 Rhode Isla		5. State of Incorporation Rhode Island	· · · · · · · · · · · · · · · · · · ·			
6. Brief Description of the Character SELLING, INSTALLING AI	of Business Conducted in R ND MAINTAINING C	Rhode Island OMMUNICATION SYS	TEMS AND TELECOMMU	NICATIONS CONSU	LTING	
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN SPA	CES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Kevin Rooney			Christopher Burns			
Street Address C/o 3194 Post Road			Street Address C/o 3194 Post Road			
City Warwick	State RI	^{Zip} 02886	<i>City</i> Warwick	State RI	<i>Zip</i> 02886	
Secretary Name Robert Boutillier			Treasurer Name Kevin Rooney			
Street Address C/o 3194 Post Road			Street Address C/o 3194 Post Road			
City Warwick	State RI	<i>Ζψ</i> 02886 1.6.2 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	city Warwick	State RI	<i>Zip</i> 02886	
8. NAMES AND ADDRESSES	OF THE DIRECTOR.	S: ("X" BOX FOR ATT	ACHMENT) [] FILL IN SP	ACES BEFORE USING		
Director Name			Director Name			
Kevin Rooney			Christopher Burns			
Street Address			Street Address			
C/o 3194 Post Road			C/o 3194 Post Road	AL PARTY.		
City	State	Ζip	City	State	Zip	
Warwick	JRI	02886	Warwick	RI	02886	
Director Name Robert Boutillier			Director Name			
Street Address	7 -		Street Address		7 T T T T T T T T T T T T T T T T T T T	
C/o 3194 Post Road						
City Warwick	State RI	<i>_{Ztp}</i> 02886	City	State	Zip	
9. SHARES AUTHORIZED (*	X" BOX FOR ATTAC	HMENT)	10. Shares issued (")	"BOX FOR ATTACH	MENT)	
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTIO	N <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
4,000	Common	No Par Value	100	Common	No Par	
	1					
This report must be executed	on behalf of the corp	oration by an authorized	representative. If the corpo	pration is in the hands	of a receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.

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Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct. Signature Bate	
Kevin Rooney / Print or Type Name	_
President Title	_