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

A. Ralph Mollis, *Secretary of Sta*
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

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
138978	Park Ave Mobile, Inc.

3. Street Address Principal Business Office	City	State	Zip
557 Park Avenue	Cranston	RI	02910

4. Business Phone No.	5. State of Incorporation
(401) 461-3727	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island

Sales and service of telephones and related accessories

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

President Name	Vice President Name
Robert Harris	Robert Harris
Street Address: 1920 Mineral Spring Avenue	Street Address: 1920 Mineral Spring Avenue
City: North Providence State: RI Zip: 02904	City: North Providence State: RI Zip: 02904
Secretary Name	**Treasurer Name**
Robert Harris	Robert Harris
Street Address: 1920 Mineral Spring Avenue	Street Address: 1920 Mineral Spring Avenue
City: North Providence State: RI Zip: 02904	City: North Providence State: RI Zip: 02904

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

Director Name	Director Name
Robert Harris	
Street Address: 1920 Mineral Spring Avenue	Street Address:
City: North Providence State: RI Zip: 02904	City: State: Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000	Common	No Par Value	100	Common	No Par Value

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.

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature — *Date* 4/7/08

Robert Harris
Print or Type Name

President
Title

File Date FILED
Check No. APR 10 2008
By: By 1510

21657-64-250412
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