



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 2009

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. 112178		2. Name of Corporation Vogue Communications Systems, Inc.			
3. Street Address Principal Business Office 117 Main Street 68 So. Main St.		City Woonsocket		State RI	Zip 02895
4. Business Phone No. 401-762-2200		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To develop and install communications systems					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Marie Deschenes			Vice President Name		
Street Address 117 Main Street 68 So. Main St.			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name Marie Deschenes			Treasurer Name Marie Deschenes		
Street Address 117 Main Street 68 So. Main St.			Street Address 117 Main Street 68 So. Main St.		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Marie Deschenes			Director Name		
Street Address 117 Main Street 68 So. Main St.			Street Address		
City Woonsocket	State RI	Zip 02895	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 No Par Value			100	A	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.

File Date	2-19-09
Check No.	680
By:	MRC
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Marie Deschenes Date: 2-10-09
Print or Type Name: Marie Deschenes
Title: PRESIDENT