

subject to a penalty fee of \$25.00.

1. Corporate ID No.

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

2009

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(cc/d)) is

1. Corporate ID No. 33709	2. Name of Corp Communic	2. Name of Corporation Communications Unlimited Inc.				
3. Street Address Principal Business Office 3194 Post Road			<i>਼ਹਮ</i> Warwick	State RI	<i>Zip</i> 02886	
4. Business Phone No. 5. State of Incorporation Rhode Island			tion			
5. Brief Description of the 6 SELLING, INSTALL	Character of Business Conduc LING AND MAINTAINII	ted in Rhode Island NG COMMUNICATION	SYSTEMS AND TELECOM	MUNICATIONS CONSU	LTING	
7. NAMES AND ADD President Name Kevin Rooney	RESSES OF THE OFFI	CERS: ("X" BOX FOR A	(TTACHMENT) TELL IN Vice President Name Christopher Burns	SPACES BEFORE USING	ATTACHMENTS	
Street Address C/o 3194 Post Road			Street Address			
^{City} Warwick	State RI	^{Zip} 02886	^{City} Warwick	State RI	^{Zip} 02886	
Secretary Name Roubert Boutillier			Treasurer Name Kevin Rooney			
Street Address C/o 3194 Post Road			Street Address C/o 3194 Post Ro	Street Address C/o 3194 Post Road		
City Warwick	State RI	^{Zip} 02886	Gity Warwick	State RI	^{Ζip} 02886	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name Kevin Rooney			Director Name Christopher Burns	Director Name Christopher Burns		
Street Address C/o 3194 Post Road			• • • • • • • • • • • • • • • • • • • •	Street Address C/o 3194 Post Road		
_{பேர} Warwick	State R1	<i>Ζι</i> ρ 02886	City Warwick	State RI	^{Ztp} 02886	
Director Name Robert Boutillier			Director Name			
Street Address C/o 3194 Post Ro	ad		Street Address			
City Warwick	State RI	^{Zip} 02886	City	State	Zip	
9. SHARES AUTHOR	HZED			D ("X" BOX FOR ATTAC SECTION MUST BE COMPLETED	10.00 11.0	
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.			No was how of 5h awas	Class/Series	Par Value	
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This report must be ethis report must be e	executed on behalf of the xecuted on behalf of the	ne corporation by an auther corporation by the reco	Under penalty o including any ac	f perjury, I declare and affirm companying schedules and st	that I have examined this rep	
File Date	.ED		contained herein Signature Kevin Ro	are true and correct.	2/37/0 Date	
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