



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.<br>112224  |             | 2. Name of Corporation<br>AMERICAN WIRELESS INC. |                             |                            |                        |                      |
| 3. Street Address Principal Business Office<br>2368 MENDOM RD.   |             |  | City<br>CUMBERLAND          | State<br>RI                | Zip<br>02864           |                      |
| 4. Business Phone No.<br>401-265-1740  |             | 5. State of Incorporation<br>DELAWARE            |                             |                            |                        |                      |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>SALE OF CELLULAR PHONES & ACCESSORIES & SERVICE.                            |             |  |                             |                            |                        |                      |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                            |             |  |                             |                            |                        |                      |
| President Name<br>Victor Anger   |             |  | Vice President Name<br>NONE |                            |                        |                      |
| Street Address<br>145 POUND HILL RD.   |             |  | Street Address              |                            |                        |                      |
| City<br>N. SMITHFIELD  | State<br>RI | Zip<br>02896                                     | City                        | State                      | Zip                    |                      |
| Secretary Name   |             |  | Treasurer Name              |                            |                        |                      |
| Street Address   |             |  | Street Address              |                            |                        |                      |
| City   | State       | Zip  | City                        | State                      | Zip                    |                      |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                           |             |  |                             |                            |                        |                      |
| Director Name<br>NONE  |             |  | Director Name<br>NONE       |                            |                        |                      |
| Street Address   |             |  | Street Address              |                            |                        |                      |
| City   | State       | Zip  | City                        | State                      | Zip                    |                      |
| Director Name  |             |  | Director Name               |                            |                        |                      |
| Street Address   |             |  | Street Address              |                            |                        |                      |
| City   | State       | Zip  | City                        | State                      | Zip                    |                      |
| 9. SHARES AUTHORIZED   |             |  |                             |                            |                        |                      |
| 10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED   |             |  |                             |                            |                        |                      |
| 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. |             |  |                             | Number of Shares<br>10,000 | Class/Series<br>Common | Par Value<br>0.01 \$ |

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 CORPORATIONS DIVISION  
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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.

**FILED**

**AUG 28 2009**

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.

File Date  
Check No.  
By  
FOR SECRETARY OF STATE USE ONLY

By [Signature]  
29-97684

Signature Victor W. Anger Date 8/26/09  
Print or Type Name VICTOR W. ANGER  
Title PRESIDENT