



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 2012

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. 43554		2. Name of Corporation ECONOTEL BUSINESS SYSTEMS, INC.			
3. Street Address Principal Business Office 15 CIRCLE STREET			City EAST PROVIDENCE	State RI	Zip 02916
4. Business Phone No. 401-435-4900		5. State of Incorporation RHODE ISLAND, USA			
6. Brief Description of the Character of Business Conducted in Rhode Island SALES & SERVICE OF COMMUNICATION SYSTEMS ...					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CAROL ANN HURLEY			Vice President Name WILLIAM F. HURLEY		
Street Address C/O 15 CIRCLE STREET			Street Address C/O 15 CIRCLE STREET		
City EAST PROVIDENCE	State RI	Zip 02916	City EAST PROVIDENCE	State RI	Zip 02916
Secretary Name			Treasurer Name		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
Director Name			Director Name		
Street Address			Street Address		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
9. SHARES AUTHORIZED 1000 (No Par Value)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 105	Class/Series CNP	Par Value \$0.00

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	
File Date	JAN 13 2012
Check No.	10513
By:	<u>BY</u>
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.

Carol Ann Hurley 1/12-12
Signature Date
CAROL ANN HURLEY
Print or Type Name
PRESIDENT / CEO
Title