

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(cerd)) is subject to a penalty fee of \$25,00.

1. Corporate ID No. 127941		2. Name of Corporation A.M. Communications, Inc.				
3. Street Address Principal Business Office 414 Broadway			Providence	State RI	<sup>Zip</sup> 02909	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Charac To engage in the busines	ter of Business Condu is of buying, selli	cted in Rhode Island ng and installing telephones	and telephonic equipm	ent		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Thomas W. McEntee  Street Address 13 Terrace Avenue			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  N/a  Street Address			
						City Riverside
Secretary Name Stephen P. Aienello			Treasurer Name Stephen P. Aienello			
Street Address 15 Upland Road			Street Address 15 Upland Road			
City Riverside	State RI	<sup>Zip</sup> 02915	City Riverside	State RI	<sup>Zip</sup> 02915	
8. NAMES AND ADDRESS Director Name	ES OF THE DIRI	CTORS: ("X" BOX FOR AT	TACHMENT)   FILL I Director Name	n spaces before usin	IG ATTACHMENTS	
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	l	1 		O ("X" BOX FOR ATTAC ECTION MUST BE COMPLETED	the state of the s	
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	Class/Series	Far Value	
			100	Common	No Par Value	
This report must be execut	ed on behalf of the	ne corporation by an authoriz			s of a receiver or trustee	
this report must be execute	d on behalf of th	e corporation by the receiver	or trustee.		,	
File Date AN	LED		including any acc		that I have examined this report atements, and that all statement	
Check No.	MML		Signature Thomas W.	McEntee	Date	
Ву:	566	<u>  </u>	Print or Type Name			
FOR SECRETARY OF	STATE USE ONLY	, i	President Title			