



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| 1. Entity ID No. 1656 | | 2. Exact name of the Corporation Data Communications, Inc. | | | | | | | | | | | | |
|--|--------------------|--|-----------------------------|---------------------|---|------------------|--------------|-----------|------------|---------------|-------------|--|--|--|
| 3. Principal office address 1551 Centreville Rd. | | City Warwick | State RI | Zip 02886 | | | | | | | | | | |
| 4. Business Phone No. 885-0918 | | 5. State of Incorporation Rhode Island | | | | | | | | | | | | |
| 6. Brief description of the character of business conducted in Rhode Island Buying, Selling, Installing, Repairing, Distributing Fire Alarm Equipment | | | | | | | | | | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name Rodger P. Booth | | Vice-President Name None | | | | | | | | | | | | |
| Street Address 25 Bates Trail | | Street Address | | | | | | | | | | | | |
| City W. Greenwich | State RI | Zip 02817 | City | State | Zip | | | | | | | | | |
| Secretary Name Rodger P. Booth | | Treasurer Name Barbara S. Booth | | | | | | | | | | | | |
| Street Address 25 Bates Trail | | Street Address 25 Bates Trail | | | | | | | | | | | | |
| City W. Greenwich | State RI | Zip 02817 | City W. Greenwich | State RI | Zip 02817 | | | | | | | | | |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name NONE | | Director Name | | | | | | | | | | | | |
| 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"/> | | | | | | | | | |
| 500 NO PAR VALUE 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. | | | | | <table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>210</td><td>Common</td><td>None</td></tr><tr><td></td><td></td><td></td></tr></tbody></table> | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 210 | Common | None | | | |
| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | | | | |
| 210 | Common | None | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

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, the report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date _____
Check No. _____
By _____
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.

Barbara S. Booth 2/3/12
Signature of Authorized Representative Date

Barbara S. Booth

Print or Type Name of Authorized Representative

Treasurer