



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
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)				
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
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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)				
Director Name NONE			Director Name	
Street Address			Street Address	
City	State	Zip	City	State
Director Name			Director Name	
Street Address			Street Address	
City	State	Zip	City	State
9. SHARES AUTHORIZED				
500 NO PAR VALUE This information is currently on record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			10. SHARES ISSUED (X BOX FOR ATTACHMENT)	
			NUMBER OF SHARES	CLASS/SERIES
			210	Common
			PAR VALUE	
			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, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

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