



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					
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.					
10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
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