

## 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		E THIS REPORT BY MA	ARCH 31 WILL RESI	JLT IN A \$25.00 PENA	LTY FEE.											
1, Entity ID No.		e of the Corporation	so Inc													
146869	Advanc	ed Digital Wireles	33, IIIO.													
3. Principal office address <b>599 Kingstown Ro</b>			City Wakefield	State RI	Zip <b>02879</b>											
4. Business Phone No. 401-742-6777			5. State of Incorporation Rhode Island													
6. Brief description of the to conduct retail s	character of business ales and service	conducted in Rhode Island of cellular phones a	nd accessories													
7 UST ALL OFFICERS	(NAMES AND ADOR	ESSES) ("X" BOX FOR AT	TACHMENT)													
President Name  David L. Moone		nakada da A. Majalili e Rama Majalili e A	Vice-President Name Donald L. Some	ers, Jr.												
Street Address 599 Kingstown Ro	oad		Street Address 599 Kingstown	Road												
City <b>Wakefield</b>	State RI	Zip <b>02879</b>	City Wakefield	State RI	Zip <b>02879</b>											
Secretary Name  David L. Moone			Treasurer Name Donald L. Somers													
Street Address same as above			Street Address same as above													
City	State	Zip	City	State	Zip											
8, LIST <u>ALL</u> DIRECTOR	IS (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)													
Director Name  Donald L. Somers	, Jr.		Director Name													
Street Address same as above			Street Address													
City	State	Zip	City	State	Zip											
Director Name			Director Name													
Street Address			Street Address													
City	State	Zip	City	Zip												
9. SHARES AUTHORIZ			10. SHARES ISSUE	D ("X" BOX FOR ATTACH	MENT)											
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE											
This information is curred State. Changes required See Section 9 of instructions	ire an additional filin	e Office of the Secretary g.	100	Common	No Par											
	ecuted on behalf of the	corporation by an authoriz	ed representative. If the	corporation is in the hands	s of a receiver or trustee,											
. Veyderin i seri	ED this report mu	ust be executed on behalf o	f the corporation by the Under penalty of p	receiver or trustee. periury, I declare and affil	rm that I have examined											
File Date	ar ar an an air an		tnis report, includ	ing any accompanying s	Circulies airu statelileli											

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and that all statements contained herein are true and correct. -7-12

Signature of Authorized Representative

Date

David L. Moone, President

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012