

## 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

## 2012 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: Ja	nuary 1 - March 1 • Th	is report must be typ	ed or printed legibly. ARCH 31 WILL RESUL	T IN A \$25.00 PENA	LTY FEE.			
1. Entity ID No.	Filling Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.  Intity ID No.   2. Exact name of the Corporation   2. Exact name of the Corporation   2. Exact name of the Corporation   3. Ex							
547938	Evolu	ition W	reless I	10				
3. Principal office addre	SS		East Provid	lence RI	Zip O 2	91	4	
4. Business Phone No.  (901) 574-6105  6. Brief description of the character of business conducted in Rhode Island			5. State of Incorporation Fsland					
Sell'in	a Cell	Phones			4000	ochanista v accupió (in a 2)		
7. LIST <u>ALL</u> OFFICER	S (MAMES AND ADDRE	SSES) ("X" BOX FOR A						
President Name			Vice-President Name					
Street Address			Street Address					
City Cod	State	02914	City	State	Zip			
Secretary Name			Treasurer Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip	2013	SE	
RILIST ALL DIRECTO	RS (NAMES AND ADDR	ESSES) ("X" BOX FOR	ATTACHMENT)					
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip	2:	80	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9, SHARES AUTHORI	ZEO	Janus population and the first of the	10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)	.September	<b>3.</b>	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling.			0					
See Section 9 of Instruction sheet.								
This report must be e.	xecuted on behalf of the c	corporation by an authoriz	ed representative. If the confirmation for the re	orporation is in the hand ceiver or trustee	ls of a receiver	or truste	е,	
	ınıs report mus	FILED DEFINED	Under penalty of pe	rjury, I declare and affi	rm that I have	examin	ied	
File Date	as it drives the region		this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Check No.		JAN 1 1 2013	and that all stateme	pas contained nerein a	ire true and co	rrect.		
ASSESSED OF THE SECOND OF THE		JWIA I I FOID	Sjørrature of Authorit	ed Representative		Date	<u>-1</u> ,	

ino report mee.		
	<b>Lilen</b>	Under penalty of perjury, I declare and aff
File Date		this report, including any accompanying
	4 4 0040	and that all statements contained herein
Check No.	JAN 1 1 2013	
	<b></b>	Signature of Authorized Representative
By Face Market Comments		Signature of Authorized Representative
	10 >	
FOR SECRETARY OF STATE USE CAN A	$(m_i)$	Vames Jackson
		Print or Type Name of Authorized Represen

29-187391

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012