



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 43554		2. Name of Corporation ECONOTEL BUSINESS SYSTEMS INC.			
3. Street Address Principal Business Office 15 CIRCLE STREET			City EAST PROVIDENCE	State R.I.	Zip 02916
4. Business Phone No. 401-435-4900		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island SALES % SERVICE OF COMMUNICATION SYSTEMS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CAROL ANN HURLEY			Vice President Name WILLIAM F. HURLEY		
Street Address C/O 15 CIRCLE STREET			Street Address C/O 15 CIRCLE STREET		
City EAST PROVIDENCE	State R.I.	Zip 02916	City EAST PROVIDENCE	State R.I.	Zip 02916
Secretary Name			Treasurer Name		
Street Address N/A			Street Address N/A		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1000 (NO PAR VALUE)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			105	CNP	\$0.00

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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**  
JAN 31 2013  
10924

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.

Signature: Carol Ann Hurley Date: 1/24/13  
Print or Type Name: CAROL ANN HURLEY  
Title: PRES/CEO