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 2013

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.	2. Exact name of the Corporation
000062600	Industrial Communications and Electronics, Inc.

3. Principal office address	City	State	Zip
40 Lone Street	Marshfield	MA	02050

4. Business Phone No.	5. State of Incorporation
781-319-1111	MA

6. Brief description of the character of business conducted in Rhode Island
Two-Way Radio Communication Products and Services

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			~~Vice-President Name~~ Assistant Secretary		
Michael J. Umano			Paul K. Hanson		
Street Address			Street Address		
40 Lone Street			40 Lone Street		
City	State	Zip	City	State	Zip
Marshfield	MA	02050	Marshfield	MA	02050
Secretary Name			Treasurer Name		
Thomas L. Lennon Jr.			Michael J. Umano		
Street Address			Street Address		
40 Lone Street			40 Lone Street		
City	State	Zip	City	State	Zip
Marshfield	MA	02050	Marshfield	MA	02050

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Francis J. Dirico					
Street Address			Street Address		
19 Sunrise Cay					
City	State	Zip	City	State	Zip
Key Largo	FL	33037			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	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 filing. See Section 9 of instruction sheet.	100	CNP	.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.

FILED
FEB 08 2013
BY 88672

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.

Michael J. Umano 2/7/2013
Signature of Authorized Representative Date

Michael J. Umano
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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