



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. 000769084		2. Exact name of the Corporation CTI TOWERS, INC.		
3. Principal office address 1701 JOHN F KENNEDY BLVD		City PHILADLEPHIA	State PA	Zip 19103-2838
4. Business Phone No. 215-286-7557		5. State of Incorporation COLORADO		
6. Brief description of the character of business conducted in Rhode Island TO OWN OPERATE MANAGE AND LEASE COMMUNICATIONS TOWERS				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name AMY L BANSE		Vice-President Name THOMAS J DONNELLY		
Street Address 1701 JOHN F KENNEDY BLVD		Street Address 1701 JOHN F KENNEDY BLVD		
City PHILADELPHIA	State PA	Zip 19103-2838	City PHILADELPHIA	State PA
Secretary Name ARTHUR R BLOCK		Treasurer Name WILLIAM E DORDELMAN		
Street Address 1701 JOHN F KENNEDY BLVD		Street Address 1701 JOHN F KENNEDY BLVD		
City PHILADELPHIA	State PA	Zip 19103-2838	City PHILADELPHIA	State PA
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name ANTHONY F PEDUTO		Director Name LOUIS A TOTH		
Street Address 38 POND ST, SUITE 305		Street Address 1701 JOHN F KENNEDY BLVD		
City FRANKLIN	State MA	Zip 102038	City PHILADELPHIA	State PA
Director Name DAVID ZILBERMAN		Director Name		
Street Address 1701 JOHN F KENNEDY BLVD		Street Address		
City PHILADELPHIA	State PA	Zip 19103-2838	City	State
9. SHARES AUTHORIZED		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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		0.00	COMMON	\$0.0010
		0.00	A	\$0.0010

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

FEB 21 2013

BY 20182524

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.

Thomas Donnelly 2.12.13
 Signature of Authorized Representative Date

THOMAS J DONNELLY, VICE PRESIDENT

Print or Type Name of Authorized Representative