



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. 450		2. Exact name of the Corporation Advanced Interconnections Corporation			
3. Principal office address 5 Energy Way		City West Warwick	State RI	Zip 02893	
4. Business Phone No. (401) 823-5200		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Manufacture and distribution of electronic interconnectors and parts.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael J. Murphy			Vice-President Name James V. Murphy		
Street Address 2359 Division Road			Street Address 7466 Bayshore Drive, Unit 204B		
City East Greenwich	State RI	Zip 02818	City Treasure Island	State FL	Zip 33706
Secretary Name James R. Murphy			Treasurer Name James V. Murphy		
Street Address 28 Ladderlook Road			Street Address 7466 Bayshore Drive, Unit 204B		
City Warwick	State RI	Zip 02886	City Treasure Island	State FL	Zip 33706
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name James V. Murphy (Chairman)			Director Name Michael J. Murphy		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name James R. Murphy			Director Name		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
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
			1034	voting common	\$1 par value
			97,196	nonvoting commo	\$1 par value

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

Form No. 630
Revised: 01/2012

FILED
FEB 21 2013
BY 48047

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 of Authorized Representative

Michael J. Murphy, President

Print or Type Name of Authorized Representative

Date

2-5-13