



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. 46838		2. Exact name of the Corporation Advanced Voice Communications, Inc.			
3. Principal office address P.O. Box 909			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-454-1515			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Offering voice mail services to the business community					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David C. Fogg			Vice-President Name Pamela Maria T. Fogg		
Street Address 19 Elam Street			Street Address 19 Elam Street		
City Wickford	State RI	Zip 02852	City Wickford	State RI	Zip 02852
Secretary Name NONE			Treasurer Name Pamela Maria T. Fogg		
Street Address			Street Address 19 Elam Street		
City	State	Zip	City Wickford	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			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
			NONE		

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: _____

FILED

FOR SECRETARY OF STATE USE ONLY **MAR 12 2013**

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.

Pamela Maria T. Fogg 3/6/2013
 Signature of Authorized Representative Date

Pamela Maria T. Fogg
 Print or Type Name of Authorized Representative

By *mmc*
 CA # 46947