

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 2014

		LE THIS REPORT BY M	ARCH 31 WILL RES	SULT IN A \$25.00 PENA	LTY FEE.	
1. Entity ID No. 127274		2. Exact name of the Corporation BCN Telecom, Inc.				
3. Principal office address 550 Hills Dr, Ste 110, 1st Floor			City Bedminster	State NJ	Zip 07921	
4. Business Phone No. 908-470-4700			5. State of Incorporation New Jersey			
6. Brief description of the c Providing Telecom		s conducted in Rhode Island ervices.	·		EB 27 MM	
7. LIST ALL OFFICERS (NAMES AND ADDR	RESSES) ("X" BOX FOR A	TACHMENT)		200	
President Name Richard M Boudria			Vice-President Name n/a Street Address			
Street Address 550 Hills Dr, Ste 110, 1st Floor			Sileet Address			
City Bedminster	State NJ	Zip 07921	City	State	Zip	
Secretary Name Claudia K Tiger			Treasurer Name Richard G Schmelling			
Street Address 550 Hills Dr, Ste 110, 1st Floor			Street Address 550 Hills Dr, Ste 110, 1st Floor			
City Bedminster	State NJ	Zip 07921	City Bedminster	State NJ	^{Zip} 07921	
	(NAMES AND ADD	RESSES) ("X" BOX FOR	· · · · · · · · · · · · · · · · · · ·			
Director Name Richard M Boudria			Director Name Thomas McCrosson			
Street Address 550 Hills Dr, Ste 11	0, 1st Floor		Street Address 550 Hills Drive,	Ste 110, 1st Floor		
City Bedminster	State NJ	Zip 07921	City Bedminster	State NJ	Zip 07921	
Director Name n/a			Director Name n/a			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUE	HARES ISSUED ("X" BOX FOR ATTACHMENT)		
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	
			2,500	Common	NPV	
This report must be execu		corporation by an authorize ast be executed on behalf of			of a receiver or trustee,	
File Date			this report, includi		chedules and statements,	
Check No	F	FILED	and that all statem	ents contained herein ar	e true and correct. $\frac{2}{26/12}$	
Ву:		P 9.7 2014	Signature of Author	rized Representative	Date /	

FOR SECRETARY OF STATE USE ON

Form No. 630 Revised: 01/2012

Richard M Boudria, CEO

Print or Type Name of Authorized Representative