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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

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
137470	Communication Works, Inc

3. Principal office address	City	State	Zip
One RUTLAND HOUSE RD.	N. SCITUATE	RI	02857

4. Business Phone No.	5. State of Incorporation
401 934-0708	RI

6. Brief description of the character of business conducted in Rhode Island
ADV / MKTG / PR

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

President Name: Debra T. Morais	Vice-President Name: Stephen G. Kass
Street Address: One RUTLAND House Rd	Street Address: One RUTLAND HOUSE RD
City: N. SCITUATE State: RI Zip: 02857	City: N SCITUATE State: RI Zip: 02857
Secretary Name:	Treasurer Name: Stephen G. Kass
Street Address:	Street Address: One RUTLAND House RD
City: State: Zip:	City: N. SCITUATE State: RI Zip: 02857

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

Director Name	Director Name
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) ☐		
	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.	200		0

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.

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.

Debra T. Morais 2/26/14
Signature of Authorized Representative Date

DEBRA T. MORAIS
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FILED
MAR 03 2014
BY 3901

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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