



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

BENEFIT 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. 127941		2. Exact name of the Corporation A.M. Communications, Inc.			
3. Principal office address 414 Broadway			City Providence	State RI	Zip 02909
4. Business Phone No. 401-331-2462		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in the business of buying, selling and installing telephones and telephonic equipment.					
7. LIST ALL OFFICERS & DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas W. McEntee			Vice-President Name N/A		
Street Address 13 Terrace Avenue			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
Secretary Name Stephen P. Aienello			Treasurer Name Stephen P. Aienello		
Street Address 15 Upland Road			Street Address 15 Upland Road		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Benefit Officer (if applicable)			Benefit Director (if applicable)		
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"/>		

<input type="checkbox"/> Check if stock is publicly traded. 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
	100	Common	No 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: _____

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.

FILED
MAR 12 2014
BY 1654

Thomas W. McEntee 02-18-14
 Signature of Authorized Representative Date
Thomas W. McEntee
 Print or Type Name of Authorized Representative