



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 2015

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. 000170551		2. Exact name of the Corporation YORK TELECOM CORPORATION			
3. Principal office address 81 CORBETT WAY		City EATONTOWN	State NJ	Zip 07724	
4. Business Phone No. 732-413-6000		5. State of Incorporation NJ			
6. Brief description of the character of business conducted in Rhode Island PLANNING, DESIGN, INTEGRATION & OPERATIONAL SERVICES FOR VIDEO,AUDIO & WEB COMMUNICATION SOLUTIONS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name RONALD J. GABOURY			Vice-President Name		
Street Address 81 CORBETT WAY			Street Address		
City EATONTOWN	State NJ	Zip 07724	City	State	Zip
Secretary Name RONALD J. GABOURY			Treasurer Name JUDITH M. PULIG		
Street Address 81 CORBETT WAY			Street Address 81 CORBETT WAY		
City EATONTOWN	State NJ	Zip 07724	City EATONTOWN	State NJ	Zip 07724
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name RONALD J. GABOURY			Director Name		
Street Address 81 CORBETT WAY			Street Address		
City EATONTOWN	State NJ	Zip 07724	City	State	Zip
Director Name YORK WANG			Director Name		
Street Address 81 CORBETT WAY			Street Address		
City EATONTOWN	State NJ	Zip 07724	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES 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
			7228,088	PNP	0.01
			7228,088	CNP	0.01

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

FILED

MAR 02 2015

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.

Judith M. Pulig
Signature of Authorized Representative

02/23/2015

Date

JUDITH M. PULIG

Print or Type Name of Authorized Representative