



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. 126565		2. Exact name of the Corporation Message Center Management, Inc.							
3. Principal office address 40 Woodland Street		City Hartford	State CT	Zip 06105					
4. Business Phone No. 8607275749		5. State of Incorporation DELAWARE							
6. Brief description of the character of business conducted in Rhode Island INFRASTRUCTURE PROVIDER TO WIRELESS SERVICE PROVIDERS									
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>									
President Name Henry M. Zachs			Vice-President Name Henry M. Zachs						
Street Address 40 Woodland Street			Street Address 40 Woodland Street						
City Hartford	State CT	Zip 06105	City Hartford	State CT	Zip 06105				
Secretary Name Henry M. Zachs			Treasurer Name Henry M. Zachs						
Street Address 40 Woodland Street			Street Address 40 Woodland Street						
City Hartford	State CT	Zip 06105	City Hartford	State CT	Zip 06105				
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
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) <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	
						-0-	Common	No Par	

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SECRETARY OF STATE
CORPORATIONS DIV

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. **216177**
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 04 2015

BY **243826**

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.

Signature of Authorized Representative **Maria A. Scotti** Date **2-16-15**
Print or Type Name of Authorized Representative

MESSAGE CENTER MANAGEMENT, INC.
Corporate ID 126565
Directors as of 1/1/15
Attachment

Officers:

Assistant Secretary

Maria A. Scotti
40 Woodland Street
Hartford, CT 06105