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		
140687	**Wave Communications, Inc.**		
3. Principal office address: **455 Congdon Drive**	City: **Wakefield**	State: **RI**	Zip: **02879**
4. Business Phone No.: **4012612684**	5. State of Incorporation: **RI**		
6. Brief description of the character of business conducted in Rhode Island: **Buy and resell computer and electronic components.**			

RECEIVED
2015 APR 10 PM 2:47
SECRETARY OF STATE
CORPORATIONS DIV

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

President Name: **Michael Mele**			Vice-President Name: **None**		
Street Address: **455 Congdon Drive**			Street Address:		
City: **Wakefield**	State: **RI**	Zip: **02879**	City:	State:	Zip:
Secretary Name: **Michael Mele**			Treasurer Name: **Michael Mele**		
Street Address: **455 Congdon Drive**			Street Address: **455 Congdon Drive**		
City: **Wakefield**	State: **RI**	Zip: **02879**	City: **Wakefield**	State: **RI**	Zip: **02879**

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

Director Name: **Michael Mele**			Director Name:		
Street Address: **455 Congdon Drive**			Street Address:		
City: **Wakefield**	State: **RI**	Zip: **02879**	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.	1,000,000	Common	No Par

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

2:56 pm
FILED
APR 10 2015
By 246718

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.

Michael A. Mele 3/23/2015
Signature of Authorized Representative — Date

Michael A. Mele
Print or Type Name of Authorized Representative

KM

Form No. 630
Revised: 01/2012