



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 2006

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. 140687		2. Exact name of the Corporation 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.					
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) ☐		
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
			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

By

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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 R. Mele

Signature of Authorized Representative

3/23/2015

Date

Michael R Mele

Print or Type Name of Authorized Representative

ILM