



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **62600**

2. Name of Corporation
Industrial Communications and Electronics, Inc.

3. Street Address Principal Business Office

40 Long Street

City

Marshfield

State

Ma.

Zip

02050

4. Business Phone No.

(781) 319-1005

5. State of Incorporation
MASSACHUSETTS

6. SIC Code
6676

7. Brief Description of the Character of Business Conducted in Rhode Island

Two-Way Radio Communications Products & Services

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

David J. Fenton, Jr.

Street Address

21 Isaac Sprague Dr.

City

Hingham

State

Ma.

Zip

02043

Secretary Name

Michael J. Umano

Street Address

24 Sushala Way

City

Plymouth

State

Ma.

Zip

02360

Vice President Name

None

Street Address

City

State

Zip

Treasurer Name

Michael J. Umano

Street Address

24 Sushala Way

City

Plymouth

State

Ma.

Zip

02360

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Francis J. DiRico

Street Address

3 South Pelican Drive

City **Ocean Reef**

State

Zip

Key Largo

FL

33037

Director Name

Jennifer Cronin DiRico

Street Address

3 South Pelican Drive

City **Ocean Reef**

State

Zip

Key Largo

FL

33037

Director Name

Alfred DiRico

Street Address

416 Adams St.

City

Quincy

State

Ma.

Zip

02169

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100

Common

no par

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

no par



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File Date: **4-13-98**

Check No.: **10209**

By: **AMF**

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 J. Umano
Signature of Officer

4/9/98
Date

Michael J. Umano
Print or Type Name of Officer