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 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(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
100 Marion Drive

City
Kingston

State
Ma

Zip
02364

4. Business Phone No.
(617) 585-9100

5. State of Incorporation
MASSACHUSETTS

6. SIC Code
6676

7. Brief Description of the Character of Business Conducted in Rhode Island
Two-Way Communications Products & Services

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

President Name
David J. Fenton

Street Address
21 Isaac Sprague Drive

City / *State* / *Zip*
Hingham / Ma / 02043

Secretary Name
Michael J. Umano

Street Address
24 Sushala Way

City / *State* / *Zip*
Plymouth / Ma / 02360

Vice President Name
None

Street Address

City / *State* / *Zip*

Treasurer Name
Michael J. Umano

Street Address
24 Sushala Way

City / *State* / *Zip*
Plymouth / Ma / 02360

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

Director Name
Francis J. DiRico

Street Address
16 Smelt Pond

City / *State* / *Zip*
Kingston / Ma. / 02364

Director Name
Jennifer Cronin DiRico

Street Address
16 Smelt Pond

City / *State* / *Zip*
Kingston / Ma. / 02364

Director Name
Alfred DiRico

Street Address
416 Adams St.

City / *State* / *Zip*
Quincy / Ma. / 02169

Director Name

Street Address

City / *State* / *Zip*

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	no par

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	no par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

File Date: 1-21-97

Check No.: 4272

By: 160

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 1/16/97
Signature of Officer *Date*

Michael J. Umano
Print or Type Name of Officer