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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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 LONE STREET

City MARSHFIELD *State* MA *Zip* 02050

4. Business Phone No. 7813191111

5. State of Incorporation MASSACHUSETTS

6. SIC Code 6676

7. Brief Description of the Character of Business Conducted in Rhode Island
TWO-WAY RADIO COMMUNICATION PRODUCTS AND SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name David J. Fenton, Jr.
Street Address 40 Lone Street
City Marshfield *State* Ma *Zip* 02050

~~*Vice President Name*~~ *Assistant Secretary* Timothy McLaughlin
Street Address 40 Lone Street
City Marshfield *State* Ma *Zip* 02050

Secretary Name Michael J. Umano
Street Address 40 Lone Street
City Marshfield *State* Ma *Zip* 02050

Treasurer Name Michael J. Umano
Street Address 40 Lone Street
City Marshfield *State* Ma *Zip* 02050

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Francis J. DiRico
Street Address 19 Sunrise Cay
City Key Largo *State* FL *Zip* 33037

Director Name Alfred DiRico
Street Address 416 Adams Street
City Quincy *State* Ma *Zip* 02169

Director Name Jennifer Cronin DiRico
Street Address 19 Sunrise Cay
City Key Largo *State* FL *Zip* 33037

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
100 COMM NO PAR VALUE		

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

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] [barcode] 62600

62600 FBC 04/05/05 04:39:15 PM
FILED
File Date APR 07 2005
Check No. 79784
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 3/17/05
Signature of Officer *Date*

Michael J. Umano
Print or Type Name of Officer

[redacted] Secretary / Treasurer
Title of Officer

Form 630 12 01