



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 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED 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		
4. Business Phone No. (781) 319-1111		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.		Vice President Name Timothy McLaughlin			
Street Address 40 Lone Street		Street Address 40 Lone Street			
City Marshfield	State Ma	City Marshfield	State Ma		
Zip 02050		Zip 02050			
Secretary Name Michael J. Umano		Treasurer Name Michael J. Umano			
Street Address 40 Lone Street		Street Address 40 Lone Street			
City Marshfield	State Ma	City Marshfield	State Ma		
Zip 02050		Zip 02050			
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Francis J. DiRico		Director Name Alfred DiRico			
Street Address 19 Sunrise Cay		Street Address 416 Adams Street			
City Key Largo	State FL	City Quincy	State Ma		
Zip 33037		Zip 02169			
Director Name Jennifer Cronin DiRico		Director Name Alfred DiRico			
Street Address 19 Sunrise Cay		Street Address 416 Adams Street			
City Key Largo	State FL	City Quincy	State Ma		
Zip 33037		Zip 02169			
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO 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



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File Date **3/29/04**

Check No. **75441**

By: **W.**

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 3/12/04
Signature of Officer Date

Michael J. Umano
Print or Type Name of Officer