



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 2016

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. 91810		2. Exact name of the Corporation THIRD MILLENNIUM COMMUNICATIONS, INC.			
3. Principal office address 29 NATE WHIPPLE HWY.			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 401-658-0145			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island CONSULTING, DESIGN, INSTALLATION, CERTIFICATION OF TELECOMMUNICATIONS, LOW VOLTAGE AND RELATED SERVICES, FIBER DUCT / CONDUIT INSTALLATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PETER GRANT			Vice-President Name ALAN GRANT		
Street Address 14 ALMY ST			Street Address 29 NATE WHIPPLE HWY		
City LINCOLN	State RI	Zip 02865	City CUMBERLAND	State RI	Zip 02864
Secretary Name LAURIANNE GRANT			Treasurer Name		
Street Address 29 NATE WHIPPLE HWY			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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) <input type="checkbox"/>		
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
			0		

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: _____

FILED

FEB 04 2016

KL 5355

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.

Signature of Authorized Representative  Date **02/01/2016**

ALAN E. GRANT

Print or Type Name of Authorized Representative