



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. 909173		2. Exact name of the Corporation AMAZING MOBILE INC			
3. Principal office address 1096 SOCIAL STREET		City WOONSOCKET	State RI	Zip 02895	
4. Business Phone No. 401-597-0566		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island CELLPHONE WIRELESS PROVIDE.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name FELIX FERNANDEZ			Vice-President Name FELIX FERNANDEZ		
Street Address 18 CONSOLATION AVE			Street Address 18 CONSOLATION AVE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name FELIX FERNANDEZ			Treasurer Name FELIX FERNANDEZ		
Street Address 18 CONSOLATION AVE			Street Address 18 CONSOLATION AVE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name FELIX FERNANDEZ			Director Name		
Street Address 18 CONSOLATION AVE			Street Address		
City PAWTUCKET	State RI	Zip 02861	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
			100	COMMON NON	
				PAR VALUE	

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: _____

FOR SECRETARY OF STATE USE ONLY

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.

9:58 AM

FILED

FEB 11 2016

Signature of Authorized Representative

02/10/2016

Date

FELIX FERNANDEZ

Print or Type Name of Authorized Representative

By 267377

KCM