



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. 82003		2. Exact name of the Corporation Rhode Island Telephone, Inc.			
3. Principal office address 175 Metro Center Blvd. - Unit 10		City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-944-8388		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To design, develop, experiment with, manufacture, assemble, install, repair, purchase, and deal with equipment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name George J. Shaheen, Jr.			Vice-President Name Laura A. Harrell		
Street Address 236 Elmdale Road			Street Address Same		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name George J. Shaheen, Jr.			Treasurer Name Laura A. Harrell		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name George J. Shaheen, Jr.			Director Name		
Street Address 236 Elmdale Road			Street Address		
City North Scituate	State RI	Zip 02857	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) ☐		
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
			1000	Common	No Par

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

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FEB 12 2016

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.

George Shaheen
Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

267560

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SECRETARY OF STATE
CORPORATIONS DIV

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