

## 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.

1. Entity ID No.		LE THIS REPORT BY Note that the Corporation	IANON ST WILL KES	OLI IN A \$25.00 PEN	ALIT FEE.	
82003		Rhode Island Telephone, Inc.				
02003			,			
3. Principal office address 175 Metro Center Blvd Unit 10			City Warwick	State <b>RI</b>	Zip <b>02886</b>	
4. Business Phone No. 401-944-8388			5. State of Incorporation Rhode Island			
<ol><li>Brief description of the chara</li></ol>			=:			
To design, develop, ex	periment w	ith, manufacture, as:	semble, install, re	pair, purchase, and	deal with equipment	
THE PARTY OF THE P				West Control of the C		
7: UST ALL OFFICERS (NAV President Name	ES AND ADDA	I-OS-S) ( A BOARTUNA	Vice-President Name			
George J. Shaheen, Jr.			Laura A. Harrell			
Street Address			Street Address			
236 Eimdale Road			Same			
North Scituate	State <b>RI</b>	Zip <b>02857</b>	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	
B. LIST <u>all</u> directors (na	MES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		HIVE OF	
Director Name			Director Name		7	
George J. Shaheen, Jr.					EB Pr	
Street Address 236 Elmdale Road			Street Address			
Dity North Scituate	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip P 29	
Director Name			Director Name		STA I:I	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. SHARES AUTHORIZED			10. SHARES ISSUE	O ("X" BOX FOR ATTACH	MENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.			1000	Common	No Par	
This report must be executed of					of a receiver or trustee,	
	инь героп тиз	st be executed on behalf of	•	receiver or trustee. erjury, I declare and affir	m that I have examined	
File Date			this report, includi	ng any accompanying so	chedules and statements,	
Table Designation				ents contained herein ar		
Check No			y sauge	Shatan	1-4-14	
By		ILED	Signature of Author	ized Representative	Date	
FOR SECRETARY OF STATE	The state of the s		( DC 90	e Shahee	en	
	Compet an Manager	3 9 2016	Print or Type Name	of Authorized Representa		
orm No. 630 evised: 01/2012	ret	3 <b>1 2</b> 2016			•	

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