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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.	2. Exact name of the Corporation			
792596	**Bluewater Wireless Management Company**			
3. Principal office address: **4 Richmond Square, Suite 330**		City: **Providence**	State: **RI**	Zip: **02906**
4. Business Phone No.: **(401) 458-1900**		5. State of Incorporation: **RI**		
6. Brief description of the character of business conducted in Rhode Island: **To own, operate and manage communications systems**				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: **Charles C. Townsend**			Vice-President Name:		
Street Address: **4 Richmond Square, Suite 330**			Street Address:		
City: **Providence**	State: **RI**	Zip: **02906**	City:	State:	Zip:
Secretary Name: **Walter G.D. Reed**			Treasurer Name: **Charles C. Townsend**		
Street Address: **2800 Financial Plaza**			Street Address: **4 Richmond Square, Suite 330**		
City: **Providence**	State: **RI**	Zip: **02903**	City: **Providence**	State: **RI**	Zip: **02906**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: **Charles C. Townsend**			Director Name:		
Street Address: **4 Richmond Square, Suite 330**			Street Address:		
City: **Providence**	State: **RI**	Zip: **02906**	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	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.	100	Common	$.01 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 244043
By: _____

FILED
FEB 15 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.

Walter G.D. Reed 2/5/16
Signature of Authorized Representative Date

Walter G.D. Reed, Secretary
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY BY 267592

Form No. 630
Revised: 01/2012
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