



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. 791101		2. Exact name of the Corporation Williston Park TV+ Radio Inc.	
3. Principal office address 98 Gazza Blvd.		City Farmingdale	State NY
4. Business Phone No. 516-746-1919		Zip 11735	
5. State of Incorporation New York			
6. Brief description of the character of business conducted in Rhode Island TV+ Appliance Repairs			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name George Papadopoulos		Vice-President Name None	
Street Address 98 Gazza Blvd.		Street Address n/a	
City Farmingdale	State NY	City n/a	State n/a
Zip 11735		Zip n/a	
Secretary Name Ellen Papadopoulos		Treasurer Name None	
Street Address 98 Gazza Blvd.		Street Address n/a	
City Farmingdale	State NY	City n/a	State n/a
Zip 11735		Zip n/a	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name None		Director Name None	
Street Address n/a		Street Address n/a	
City n/a	State n/a	City n/a	State n/a
Zip n/a		Zip n/a	
Director Name None		Director Name None	
Street Address n/a		Street Address n/a	
City n/a	State n/a	City n/a	State n/a
Zip n/a		Zip n/a	
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 20	CLASS/SERIES Common
		PAR VALUE none	

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.

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.

FILED

MAR 21 2016

By

270464
A.A. 11:20 A.M.

Signature of Authorized Representative

George Papadopoulos

Print or Type Name of Authorized Representative

Date

3/17/16

File Date

Check No.

8111 12844 002

By

SECRETARY OF STATE USE ONLY

Form No. 080

Revised 01/2012