



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 2015

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) ☐			
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) ☐			
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) ☐	
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
		20	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.

File Date

Check No.

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By:

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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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

Form No. 990
Revised 01/2012