



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. 000825646		2. Exact name of the Corporation LC WIRELESS INC			
3. Principal office address 601 CRANSTON ST.			City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. 413-517-5893			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island RETAIL- PREPAID CELL PHONE STORE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LUIS COLON			Vice-President Name		
Street Address 104 PLYMOUTH DR. #1D			Street Address		
City NORWOOD	State MA	Zip 02062	City	State	Zip
Secretary Name LUIS COLON			Treasurer Name		
Street Address 104 PLYMOUTH DR. #1D			Street Address		
City NORWOOD	State MA	Zip 02062	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name LUIS COLON			Director Name		
Street Address 104 PLYMOUTH DR. #1D			Street Address		
City NORWOOD	State MA	Zip 02062	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) <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	CLASS/SERIES	PAR VALUE
			1000	C/S	NPV

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 31 2016

Form No. 630
 Revised: 01/2012

BY 446 DS

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] 03/28/2016
 Signature of Authorized Representative Date

LUIS COLON, PRESIDENT 03/28/2016

Print or Type Name of Authorized Representative