



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1060090		2. Exact name of the Corporation DigicomRI Inc			
3. Principal Office Address 634 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02910
4. Business Phone Number 718.529.1224			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island CELL PHONE STORE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FARIHA JAVED			Vice-President Name		
Street Address 95 PUMPKIN HILL RD			Street Address		
City NEW MILFORD	State RI	Zip 06776	City	State	Zip
Secretary Name FARIHA JAVED			Treasurer Name		
Street Address 95 PUMPKIN HILL RD			Street Address		
City NEW MILFORD	State RI	Zip 06776	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	COMMON	NO PAR
11. 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.					
Name of Authorized Representative FARIHA JAVED					Date 7-21-16
Signature of Authorized Representative <i>Fariha Javed</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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