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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 1526455 EMK Consulting, Inc City Providence RI 02903 4. Business Phone Number 781-228-1010 6. Brief description of the character of business conducted in Rhode Island Outsourced direct sales for Verizon Fios 7. List ALL officers (names and addresses) Check the box to indicate an attach President Name Ervis Kollcinaku City Quincy State State Apt 1 City Quincy State Treasurer Name YON C Street Address Check the box to indicate an attach City Quincy State Treasurer Name YON C Street Address City State Treasurer Name YON C Street Address Check the box to indicate an attach City City State Treasurer Name YON C Street Address City State Treasurer Name YON C Street Address City State Treasurer Name YON C Street Address Street Address Street Address Check the box to indicate an attach City State Treasurer Name YON C Street Address Check the box to indicate an attach City State Treasurer Name YON C Street Address Check the box to indicate an attach City State Treasurer Name YON C Street Address Check the box to indicate an attach City Street Address Check the box to indicate an attach City Street Address Check the box to indicate an attach City Street Address Check the box to indicate an attach City Street Address Check the box to indicate an attach Check the					
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9. Shares Authorized 10. Shares Issued Check the box to indicate an attach					
This information is currently of record in the	E				
Department of State. 100 N/A None	,				
Changes require an additional filing.					
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	7				
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	/				
Ervis Kollcinaku 8/28/16					
Signature of Authorized Representative Wis Melleinalis					

MAIL TO:

Division of Business Services

148 W. River Street: Providence: Private must \$27904 2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FORM 630 - Revised 05/2016