



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2016 NOV 10 AM 10:36

1. Entity ID Number 1086427		2. Exact name of the Corporation ME A Wireless INC				
3. Principal Office Address 927 Arkwells Ave		City Providence		State RI	Zip 02909	
4. Business Phone Number: 401-270-6210		6. Brief description of the character of business conducted in Rhode Island Cell phone store				
5. State of Incorporation RI						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Alexander Soder Polanco			Vice-President Name			
Street Address 24 Hawes St 3			Street Address			
City Pawtucket	State RI	Zip 02860	City	State	Zip	
Secretary Name NIA			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name NIA			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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	
		0				
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				Date 11-10-2016		
Signature of Authorized Representative <i>Alexander Soder Polanco</i>				FILED 10:37		

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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By 4-288991