RI SOS Filing Number: 201731139010 Date: 01/30/2017 4:00 PM

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

**Annual Report for the year:** 2017

**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 | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 91810 | THIRD MILLENNIUM COMMUNICATIONS, INC. | | | |
| 3. Principal Office Address: 29 NATE WHIPPLE HWY. | | City: CUMBERLAND | State: RI | Zip: 02864 |
| 4. NAICS Code: 54 | 6. Brief description of the character of business conducted in Rhode Island: CONSULTING, DESIGN, INSTALLATION, CERTIFICATION OF TELECOMMUNICATIONS, LOW VOLTAGE AND RELATED SERVICES, FIBER DUCT / CONDUIT INSTALLATION | | | |
| 5. State of Incorporation: RHODE ISLAND | | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: PETER GRANT | | | Vice-President Name: ALAN GRANT | | |
| Street Address: 14 ALMY ST | | | Street Address: 50 OLD HICKORY DR | | |
| City: LINCOLN | State: RI | Zip: 02865 | City: CUMBERLAND | State: RI | Zip: 02864 |
| Secretary Name: LAURIANNE GRANT | | | Treasurer Name | | |
| Street Address: 50 OLD HICKORY DR | | | Street Address | | |
| City: CUMBERLAND | State: RI | Zip: 02864 | City | State | Zip |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name | | | 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

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

| 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: ALAN E. GRANT

Date: 01/25/2017

Signature of Authorized Representative

FILED

JAN 30 2017

BY 4646

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

FORM 630 - Revised: 10/2015

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