(AA)	

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

1. Entity ID Number <b>31903</b>	1	2. Exact name of the Corporation  RADIO-PHONE COMMUNICATIONS, INC.						
3. Principal Office Address 153 JAMES P. MURPHY	/ INDUSTRIAL HIGH			City WEST WARWICK		Zip <b>02893</b>		
4. NAICS Code  81 - Other Services (excents)  5. State of Incorporation  Rhode Island				conducted in Rhode -WAY RADIO EQUI		RELATED PRODUCTS		
7. List ALL officers (names a	and addresses)	<del> </del>	·	Chec	k the box to i	ndicate an attachment		
President Name Joseph A. A	ccetta		Vice-Preside	nt Name Rosalie A.	Accetta			
Street Address P O Box 676		, , <del></del> 1	Street Addre	SSP O Box 676		·		
City Exeter	State R. I.	<sup>Zip</sup> 02822	City Exeter		State R. I	Zip <b>02822</b>		
Secretary Name Rosalie A. Accetta			Treasurer Name  Joseph A. Accetta					
reet Address P O Box 676			Street Address P. O. Box 676					
City Exeter	State R.I.	<sup>Zip</sup> 02822	City Exeter		State R. I	Zip <b>02822</b>		
8. List ALL directors (names	and addresses)			Chec	k the box to i	ndicate an attachment		
Director Name			Director Nam					
Street Address			Street Addres	ss				
0.14	100							
City	State	Zip	City		State	Zip		
Director Name			Director Nam	ie				
Street Address			Street Addres	SS				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares issued				ndicate an attachment		
This information is currently on Department of State.	of record in the	NUMBER 0 500	FSHARES	CLASS/SERI	ES	PAR VALUE		
Changes require an additional	l filing.	500		Common		No Par		
11. This report must be exec	uted on behalf of the	corporation by an	authorized repre	esentative of the corr	oration is in t	he hands of a receiver or		
trustee, this report must be e	xecuted on behalf of	the corporation by	the receiver or t	rustee.				
Under penalty of perjury, I statements, and that all sta	deciare and annimi itements contained	nat i nave examin herein are true ar	ea tnis report, id correct.	including any acco	mpanying so	chedules and		
Name of Authorized Represe					Date /	21100		
Joseph A. Accetta					/-	312017		
Signature of Authorized Repr	resentative	er han Ca	ATMENT .	LED	_			
		· · · · · · · · · · · · · · · · · · ·	FER	n g 2017				

**Division of Business Services** 

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