



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>13048</b>		2. Exact name of the Corporation <b>MULHOLLAND ANTENNA AND COMMUNICATIONS, INC.</b>		
3. Principal office address <b>1448 Fall River Avenue, Route 6</b>		City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
4. Business Phone No. <b>508-336-6464</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Design, sales, installation of custom home audio/video</b>				

President Name <b>S. Jeffrey Mulholland</b>			Vice-President Name		
Street Address <b>1448 Fall River Avenue, Route 6</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
Secretary Name <b>S. Jeffrey Mulholland</b>			Treasurer Name <b>S. Jeffrey Mulholland</b>		
Street Address <b>1448 Fall River Avenue, Route 6</b>			Street Address <b>1448 Fall River Avenue, Route 6</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (7 X BOX FOR EACH) <input type="checkbox"/>					
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

8. SHARES AUTHORIZED <input type="checkbox"/>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	24	Class A Voting	No Par Value
	576	Class B NonVoting	No Par Value

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.

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**  
 FEB 15 2017  
 11762

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.

*S. Jeffrey Mulholland*  
 Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_  
**S. Jeffrey Mulholland, President**  
 Print or Type Name of Authorized Representative