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
1656	Data Communications, Inc.

3. Principal Office Address	City	State	Zip
1551 Centreville Rd.	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23	Buying,selling,installing,repairing,distributing Fire Alarm Equipment
5. State of Incorporation: R.I.	

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

President Name	Vice-President Name
Rodger P. Booth	None
Street Address: 25 Bates Trail	Street Address:
City: West Greenwich; State: RI; Zip: 02887	City: ; State: ; Zip:
Secretary Name	**Treasurer Name**
Rodger P. Booth	Barbara S. Booth
Street Address: 25 Bates Trail	Street Address: 25 Bates Trail
City: West Greenwich; State: RI; Zip: 02887	City: West Greenwich; State: RI; Zip: 02887

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

Director Name	Director Name
NONE	
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500 NO PAR VALUE	210	Common	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.

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
Barbara S. Booth	2/17/17

Signature of Authorized Representative: Barbara S. Booth

FILED
FEB 21 2017
BY 8473-3

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: 02/2017