



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 1656		2. Exact name of the Corporation Data Communications, Inc.			
3. Principal Office Address 1551 Centreville Rd.			City Warwick	State RI	Zip 02886
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name Rodger P. Booth			Vice-President Name None		
Street Address 25 Bates Trail			Street Address		
City West Greenwich	State RI	Zip 02887	City	State	Zip
Secretary Name Rodger P. Booth			Treasurer Name 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 <input type="checkbox"/>					
Director Name NONE			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. 500 NO PAR VALUE Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			210	Common	None
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 Barbara S. Booth				Date 2/17/17	
Signature of Authorized Representative <i>Barbara S. Booth</i>					

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

FILED
 FEB 21 2017
 BY 8473-3
 FORM 630 - Revised: 02/2017