



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


Annual Report for the year: 2015

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

2017 FEB 24 PM 2:00

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV


1. Entity ID Number 000819441		2. Exact name of the Corporation SMS/800, INC.			
3. State of Incorporation District of Columbia		4. Brief description of the character of business conducted in Rhode Island toll-free number administration			
5. Principal Office Address 197 ROUTE 18 SOUTH, SUITE 3000			City EAST BRUNSWICK	State NJ	Zip 08816
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GINA PERINI			Vice-President Name		
Street Address 197 ROUTE 18 SOUTH, SUITE 3000			Street Address		
City EAST BRUNSWICK	State	Zip	City	State	Zip
Secretary Name Pamela Carter			Treasurer Name Brian Pflug		
Street Address 197 ROUTE 18 SOUTH, SUITE 3000			Street Address 197 ROUTE 18 SOUTH, SUITE 3000		
City EAST BRUNSWICK	State NJ	Zip 08816	City EAST BRUNSWICK	State NJ	Zip 08816
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANN BERKOWITZ			Director Name Gary Sagnella		
Street Address 197 ROUTE 18 SOUTH, SUITE 3000			Street Address 197 ROUTE 18 SOUTH, SUITE 3000		
City EAST BRUNSWICK	State NJ	Zip 08816	City EAST BRUNSWICK	State NJ	Zip 08816
Director Name Gina Perini			Director Name Phillip Linse		
Street Address 197 ROUTE 18 SOUTH, SUITE 3000			Street Address 197 ROUTE 18 SOUTH, SUITE 3000		
City EAST BRUNSWICK	State NJ	Zip 08816	City EAST BRUNSWICK	State NJ	Zip 08816
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Pamela Carter					Date 12-20-2016
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

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 631 - Revised: 05/2016

FILED

FEB 24 2017 2:02

By  296699

Somos, Inc. ID 0819441

2015 Annual Report Attachment; Additional Directors

Anna Patruno
197 Route 18 South, Suite 3000
East Brunswick, NJ 08816

Kiarie Kihara
197 Route 18 South, Suite 3000
East Brunswick, NJ 08816

Roderick Morris
197 Route 18 South, Suite 3000
East Brunswick, NJ 08816

Peter Bailey
197 Route 18 South, Suite 3000
East Brunswick, NJ 08816

Doug Davis
197 Route 18 South, Suite 3000
East Brunswick, NJ 08816

Lisa Youngers
197 Route 18 South, Suite 3000
East Brunswick, NJ 08816

Bayan Towfiq
197 Route 18 South, Suite 3000
East Brunswick, NJ 08816

James Garvert
197 Route 18 South, Suite 3000
East Brunswick, NJ 08816