



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 35728		2. Exact name of the Corporation AMERICAN TELE-CONNECT SERVICES, INC.			
3. Principal Office Address 231 ELM STREET			City WARWICK	State RI	Zip 02888
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island  SALES INSTALLATION AND SERVICE OF TELECOMMUNICATION EQUIPMENT AND NETWORKS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ANNE POWERS			Vice-President Name KEVIN SILVEIRA		
Street Address 28 REUBEN BROWN LANE			Street Address 518 FALL RIVER AVENUE		
City EXETER	State RI	Zip 02822	City SEEKONK	State MA	Zip 02771
Secretary Name NONE			Treasurer Name JOHN LOTOCKI		
Street Address			Street Address 28 REUBEN BROWN LANE		
City	State	Zip	City EXETER	State RI	Zip 02822
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name ANNE POWERS			Director Name JOHN LOTOCKI		
Street Address 28 REUBEN BROWN LANE			Street Address 28 REUBEN BROWN LANE		
City EXETER	State RI	Zip	City EXETER	State RI	Zip 02822
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			5,000	VOTING	\$1.00
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. <b>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.</b>					
Name of Authorized Representative <i>Anne Powers</i>				Date 2/23/17	
SIGNATURE of Authorized Representative ANNE POWERS, PRESIDENT				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

**FILED**

MAR 03 2017

By *29409*  
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