



State of Rhode Island and Providence Plantations

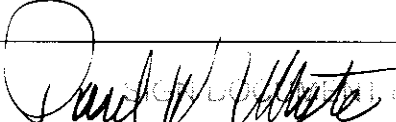
Department of State - Business Services Division

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 13149		2. Exact name of the Corporation Southland Communications, Inc.			
3. Principal Office Address 90 Elm Street			City Providence	State RI	Zip 02903
4. NAICS Code 55 - Management of Companies	6. Brief description of the character of business conducted in Rhode Island Investments				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul W. Whyte			Vice-President Name Robert Gaumont		
Street Address 83F Nipmuc Trail			Street Address 6 Bittersweet Lane		
City North Providence	State RI	Zip 02904	City South Dartmouth	State MA	Zip 02748
Secretary Name Lorraine A. Viviano			Treasurer Name Paul W. Whyte		
Street Address 39 Villa Avenue			Street Address 83F Nipmuc Trail		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank Mauran IV			Director Name Pauline C. Metcalf		
Street Address 151 Power Street			Street Address 375 Mail Road		
City Providence	State RI	Zip 02906	City Exeter	State RI	Zip 02822
Director Name Robert Gaumont			Director Name		
Street Address 6 Bittersweet Lane			Street Address		
City South Dartmouth	State MA	Zip 02748	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Paul W. Whyte					Date 3-16-17
Signature of Authorized Representative 					FILED MAR 20 2017 BY 441 DS

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