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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2015 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

d Finally ID Atm	Го Били	II. state Commission		· · · · · · · · · · · · · · · · · · ·						
1. Entity ID No.	1	2. Exact name of the Corporation								
690295	JEMIN	JEMM Communications, Inc.								
3. Principal office address 982 WORDENS POND ROAD			City WAKEFIELD	State RI	2 ^{Zip} 02879					
4. Business Phone No. 401-787-3222			5. State of Incorporation RHODE ISLAND		3					
6. Brief description of the TELECOM BROAD		s conducted in Rhode Islan _TING	d		5 2 00 00 00 00 00 00 00 00 00 00 00 00 0					
President Name MARK J. TUCKER		RESSES) ("X" BOX FOR A	Vice-President Name DAWN P. TUCKER		£ 27					
Street Address 982 WORDENS PO	ND ROAD		Street Address 982 WORDENS POND ROAD							
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879					
Secretary Name			Treasurer Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
BEISTACE DIRECTORS Director Name MARK J. TUCKER,		PHESSES)(#X#BOXFOR	Director Name DAWN P. TUCK	KER						
Street Address 982 WORDENS PO	ND ROAD		Street Address 982 WORDENS POND ROAD							
City WAKEFIELD	State RI	Zip 02879	City State RI		Zip 02879					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City State		Zip					
9. SHARES AUTHORIZE		ar - art sin i biggin i san			ACHMENT)					
This Information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CWP	\$0.0100					
This report must be execu	ited on behalf of the	corporation by an authorize	ed representative. If the	corporation is in the ha	ands of a receiver or trustee,					

tnis report must be e				e corporation by the receiver or trustee.	
	FILED		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
			2017	and that all statements contained herein are true	and correct.
	MAY	15	2017	Illiant I list than I	05/11/2017
	1 .	21	13681	Signature of Authorized Representative	Date
BY.				MARK J. TUCKER, SR.	
Form No. 630	١	12	30	Print or Type Name of Authorized Representative	

Form No. 630 Revised: 01/2012