**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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

**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.**

| | | | |
|---|---|---|---|
| 1. Entity ID No. **690295** | 2. Exact name of the Corporation **JEMM Communications, Inc.** | | |
| 3. Principal office address **982 WORDENS POND ROAD** | City **WAKEFIELD** | State **RI** | Zip **02879** |
| 4. Business Phone No. **401-787-3222** | 5. State of Incorporation **RHODE ISLAND** | | |
| 6. Brief description of the character of business conducted in Rhode Island **TELECOM BROADBAND CONSULTING** | | | |

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | | | Vice-President Name | | |
|---|---|---|---|---|---|
| **MARK J. TUCKER, SENIOR** | | | **DAWN P. TUCKER** | | |
| Street Address **982 WORDENS POND 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 |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| **MARK J. TUCKER, SENIOR** | | | **DAWN P. TUCKER** | | |
| Street Address **982 WORDENS POND ROAD** | | | Street Address **982 WORDENS POND ROAD** | | |
| City **WAKEFIELD** | State **RI** | Zip **02879** | City **WAKEFIELD** | State **RI** | Zip **02879** |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| 9. SHARES AUTHORIZED | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ | | |
|---|---|---|---|
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **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.** | 200 | CWP | $0.0100 |
| | | | |

*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.*

**FOR SECRETARY OF STATE USE ONLY**
File Date
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By

**FILED**
MAY 15 2017
BY Le 303681
11:29

**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.**

Mark J. Tucker Sr. 05/11/2017
Signature of Authorized Representative Date

**MARK J. TUCKER, SR.**
Print or Type Name of Authorized Representative

**Form No. 630**
**Revised: 01/2012**