



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 <u>112178</u>		2. Exact name of the Corporation Vogue Communications Systems, Inc.			
3. Principal Office Address 68 South Main Street		City Woonsocket		State RI	Zip 02895
4. NAICS Code <u>51</u>		6. Brief description of the character of business conducted in Rhode Island To develop and install communication Systems			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marie Deschanes			Vice-President Name		
Street Address 68 South Main Street			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name Marie Deschanes			Treasurer Name Marie Deschanes		
Street Address 68 South Main Street			Street Address 68 South Main Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marie Deschanes			Director Name		
Street Address 68 South Main Street			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 A No 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 Marie Deschanes					Date 8/2/2017
Signature of Authorized Representative <i>Marie Deschanes</i>					FILED <i>02</i> AUG 16 2017

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

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