



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Corporation

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 R.I. DEPT. OF STATE - 1P
 BUS SVCS DIV

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2017 SEP 21 AM 11:57

1. Entity ID Number <u>124963</u>		2. Exact name of the Corporation <u>Unitel, Inc</u>			
3. Principal Office Address <u>430 Turnpike Street</u>		City <u>South Easton</u>	State <u>MA</u>	Zip <u>02375</u>	
4. NAICS Code <u>517311</u>		6. Brief description of the character of business conducted in Rhode Island <u>Instal and Service Phone Systems and VOIP</u>			
5. State of Incorporation <u>MA</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Mark Worcester</u>		Vice-President Name <u>Michel Worcester</u>			
Street Address <u>9 Union Street</u>		Street Address <u>7 Union Street</u>			
City <u>N. Easton</u>	State <u>MA</u>	Zip <u>02356</u>	City <u>N. Easton</u>	State <u>MA</u>	Zip <u>02356</u>
Secretary Name		Treasurer Name <u>Nancy Wyllie</u>			
Street Address		Street Address <u>430 Turnpike Street</u>			
City	State	Zip	City <u>S. Easton</u>	State <u>MA</u>	Zip <u>02375</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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
		<u>1200000</u>		<u>Common</u>	<u>0</u>
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 <u>Nancy Wyllie</u>				Date <u>9-20-17</u>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED ←	

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

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