



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

Annual Report for the year: 2016
 Corporation

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 BUS SVCS DIV

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- 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 124963		2. Exact name of the Corporation Unikel, Inc.			
3. Principal Office Address 430 Turnpike St			City South Easton	State MA	Zip 02875
4. NAICS Code 517311		6. Brief description of the character of business conducted in Rhode Island Install - and instaphone systems and VOIP			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Worster			Vice-President Name Michael Worster		
Street Address 19 Union St.			Street Address 7 Union Street		
City N. Easton	State MA	Zip 02356	City N. Easton	State MA	Zip 02356
Secretary Name			Treasurer Name Nancy Wyllie		
Street Address			Street Address 430 Turnpike St		
City	State	Zip	City South Easton	State MA	Zip 02375
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 1200000		CLASS/SERIES Common
			PAR VALUE 0		
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 Nancy Wyllie				Date 9-20-17	
Signature of Authorized Representative <i>Nancy Wyllie</i>				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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 BY CU 3130SD FORM 630 - Revised: 02/2017