



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

FILED

JAN 05 2018

BY

8473

id

Annual Report for the year: 2018 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 001496		2. Exact name of the Corporation Communication Systems, Inc.			
3. Principal Office Address 44 Albion Road, Suite 101			City Lincoln	State RI	Zip 02865-0000
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island sales and installation of communication systems			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Armand J. Toscano			Vice-President Name Armand J. Toscano		
Street Address 17 Lees Farm Commons Drive			Street Address 17 Lees Farm Commons Drive		
City North Providence	State RI	Zip 02904-	City North Providence	State RI	Zip 02904-
Secretary Name Armand J. Toscano			Treasurer Name Armand J. Toscano		
Street Address 17 Lees Farm Commons Drive			Street Address 17 Lees Farm Commons Drive		
City North Providence	State RI	Zip 02904-	City North Providence	State RI	Zip 02904-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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
		100		Common	No Par
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 Armand J. Toscano President				Date 1/02/2018	
Signature of Authorized Representative 					

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

Communication Systems, Inc.
Corporate ID Number 001496
Additional Officers:

Vice President:

James Baril
44 Albion Road, Suite 101
Lincoln, RI 02865

Vice President:

Edward M. McDonald
44 Albion Road, Suite 101
Lincoln, RI 02865

FILED
JAN 05 2018
BY 8473 101