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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 Corporation

RECEIVED SECRETARY OF STATE-CORPORATIONS DIV

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

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2 3. 2.17								
Entity ID Number		2. Exact name of the Corporation						
91288	RJM ENT	TERPRISES, I	NC.					
3. Principal Office Address			City		State	Zıp		
368 Beverage Avenue			Pawtucket		RI	02861		
4. NAICS Code	6. Brief desc	ription of the chara	cter of business o	conducted in Rhode	Island	•		
561421		To own, lease or otherwise acquire and to manage, operate and control tele-communications						
5. State of Incorporation	systems.							
Rhode Island								
7. List ALL officers (names ar	nd addresses)			Check	k the box to	indicate an attachment		
President Name Russell J. Martin			Vice-President Name					
Street Address 368 Beverage Avenue			Street Address					
City Pawtucket	State RI	^{Zip} 02861	City	City		Zip		
Secretary Name Russell J. Martin			Treasurer Name Russell J. Martin					
Street Address 368 Beverage Avenue			Street Address 368 Beverage Avenue					
City Pawtucket	State RI	^{Zip} 02861	City Pawtucket		State RI	^{Zip} 02861		
8. List ALL directors (names a	and addresses)	•		Chec	k the box to	indicate an attachment		
Director Name			Director Name	:				
Street Address			Street Address	Street Address				
City	State	Zıp	City		State	Zip		
Director Name			Director Name	Director Name				
Street Address			Street Address	Street Address				
City	State	Zip	City		State	Zíp		
0. Ohanna A. Harifa A	······	110.01				<u> </u>		
Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Number of Shares ci		Check the box to indicate an attachment ASS-SERIES PAR VALUE			
		100		Common		No Par		
11. This report must be executrustee, this report must be ex					oration is in	the hands of a receiver or		
Under penalty of perjury, I d					mpanying s	schedules and		
statements, and that all sta	•	l herein are true ai	nd correct.		IO-t-			
Name of Authorized Represe			Date	4.6 4.2040				
Russell J. Martin			EU E	d	1	12 / 2018		
Signature of Authorized Repu	esentative	SIGN DO	CUMENT HERE	 1 2018				
HAIL TO:	110000		<u> </u>	11 10 0	J.D.			
MAIL TO: Division of Business Services			~ 100	Kt230	/			

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov

FORM 630 - Revised: 10/2017