

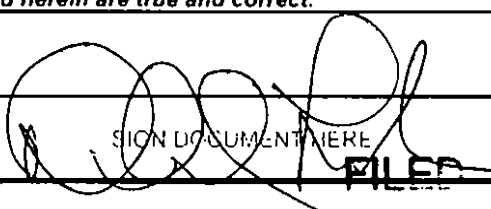


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000086416		2. Exact name of the Corporation Advanced Communication Technologies, Inc.			
3. Principal Office Address 599 Kingstown Road		City Wakefield		State RI	Zip 02879
4. NAICS Code 517312		6. Brief description of the character of business conducted in Rhode Island To conduct retail sales and service of cellular phones and accessories.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donald L. Somers, Jr.			Vice-President Name Donald L. Somers, Jr.		
Street Address 599 Kingstown Road			Street Address 599 Kingstown Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Donald L. Somers, Jr.			Treasurer Name Donald L. Somers, Jr.		
Street Address 599 Kingstown Road			Street Address 599 Kingstown Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Donald L. Somers, Jr.			Director Name		
Street Address 599 Kingstown Road			Street Address		
City Wakefield	State RI	Zip 02879	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		
			4000	CWP	\$1.0000
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 Donald L. Somers, Jr., President					Date 1/19/2018
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

FEB 15 2018

BY 

FORM 630 - Revised: 10/2017