RI SOS Filing Number: 201858858070 Date: 2/21/2018 4:00:00 PM

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2018 FEB 21 AM 8:37

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	2. Exact name of the Corporation			
35728	AMERICAN TELE-CONNECT SERVICES, INC.			
3. Principal Office Address		City	State	Zip
231 ELM STREET		WARWICK	RI	02888
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
~~517~~ 517911	SALES INSTALLATION AND SERVICE OF TELECOMMUNICATION EQUIPMENT AND NETWORKS			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
ANNE POWERS			KEVIN SILVEIRA		
Street Address			Street Address		
28 REUBEN BROWN LANE			518 FALL RIVER AVENUE		
City / State / Zip			City / State / Zip		
EXETER	RI	02822	SEEKONK	MA	02771
Secretary Name			Treasurer Name		
NONE			JOHN LOTOCKI		
Street Address			Street Address		
			28 REUBEN BROWN LANE		
City / State / Zip			City / State / Zip		
			EXETER	RI	02822

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
ANNE POWERS			JOHN LOTOCKI		
Street Address			Street Address		
28 REUBEN BROWN LANE			28 REUBEN BROWN LANE		
City / State / Zip			City / State / Zip		
EXETER	RI		EXETER	RI	02822
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	5,000	VOTING	$1.00

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	Date
Anne Powers	2/1/18
Signature of Authorized Representative	
ANNE POWERS, PRESIDENT — SIGN DOCUMENT HERE: Anne Powers	

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

FILED
FEB 21 2018
BY 9117

FORM 630 - Revised: 10/2016