RI SOS Filing Number: 201859449150 Date: 2/28/2018 4:00:00 PM

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
1656	Data Communications, Inc.

3. Principal Office Address	City	State	Zip
1551 Centreville Rd.	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238990	Buying, selling, installing, repairing, distributing Fire Alarm Equipment
5. State of Incorporation: R.I.	

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

President Name	Vice-President Name
Rodger P. Booth	NONE
Street Address: 25 Bates Trail	Street Address:
City: West Greenwich State: RI Zip: 02817	City: State: Zip:
Secretary Name: Rodger P. Booth	Treasurer Name: Barbara S. Booth
Street Address: 25 Bates Trail	Street Address: 25 Bates Trail
City: West Greenwich State: RI Zip: 02817	City: West Greenwich State: RI Zip: 02817

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

Director Name	Director Name
NONE	
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

This information is currently of record in the Department of State.
500 NO PAR VALUE
Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
210	Common	None

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
Barbara S. Booth	2/23/18

Signature of Authorized Representative: Barbara S. Booth SIGNATURE HERE

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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FEB 28 2018
BY S4615378-7

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