



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 135908		2. Name of Corporation Vision Telecom, Inc.			
3. Street Address Principal Business Office 125 WHIPPLE STREET			City PROVIDENCE	State RI	Zip 02908-
4. Business Phone No. 4012438500		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELLY BY WHOLESALE OR RETAIL, RESELL, MARKET, TRADE AND OTHERWISE DEAL IN TELECOMMUNICATION SERVICES					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (X<sup>o</sup> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Jeff Swider			Vice President Name		
Street Address 125 Whipple Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Jeff Swider			Treasurer Name Jeff Swider		
Street Address 125 Whipple Street			Street Address 125 Whipple Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (X<sup>o</sup> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name Jeff Swider			Director Name		
Street Address 125 Whipple Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED (X<sup>o</sup> BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
25,000	COMM	\$0.01 PAR VALUE	500	Common	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 5 9 0 8

\*135908 DBC 01/03/05-11:23:21 AM\*

File Date: 1/20/05

Check No. 1485

By: W.

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer  
Jeff Swider  
Print or Type Name of Officer  
**President**  
Title of Officer

Date  
1/10/05



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 135908		2. Name of Corporation Vision Telecom, Inc.			
3. Street Address Principal Business Office 125 Whipple Street			City Providence	State RI	Zip 02908
4. Business Phone No. 401 243 8500		5. State of Incorporation Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island To sell by wholesale or retail, resell, market, trade and otherwise deal in telecommunication services.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeff Swider			Vice President Name		
Street Address 125 Whipple Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jeff Swider			Director Name		
Street Address 125 Whipple Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
25,000	COMM	\$0.01 PAR VALUE	100	COMMON	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 5 9 0 8

File Date 2/23/04  
Check No. 1063  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

[Signature]  
Signature of Officer  
Jeff Swider  
Print or Type Name of Officer  
President  
Title of Officer  
2/23/04  
Date