



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 136308		2. Name of Corporation DCT Telecom Group, Inc.		
3. Street Address Principal Business Office 27877 Clemens Rd.		City Westlake	State OH	Zip 44145
4. Business Phone No. 440-892-0300		5. State of Incorporation OHIO		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE TELECOMMUNICATION SERVICES				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Anthony F. Romano Jr.		Vice President Name J. Anthony Rehak		
Street Address 27877 Clemens Rd.		Street Address 27877 Clemens Rd.		
City Westlake	State OH	Zip 44145	City Westlake	State OH
Secretary Name Michael J. Adamczyk		Treasurer Name Michael J. Adamczyk		
Street Address 27877 Clemens Rd.		Street Address 27877 Clemens Rd.		
City Westlake	State OH	Zip 44145	City Westlake	State OH
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Anthony F. Romano Jr.		Director Name J. Anthony Rehak		
Street Address 27877 Clemens Rd.		Street Address 27877 Clemens Rd.		
City Westlake	State OH	Zip 44145	City Westlake	State OH
Director Name Michael J. Adamczyk		Director Name		
Street Address 27877 Clemens Rd.		Street Address		
City Westlake	State OH	Zip 44145	City	State
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
850 COMM NO PAR VALUE			100	Common
				NPV

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



\*136308\*

File Date 1/18/05  
Check No. 1452  
By: DA  
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 Michael J. Adamczyk Date 1-10-05  
Print or Type Name of Officer Michael J. Adamczyk  
Title of Officer Secy./Treas.



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9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony F. Ramano Jr.			Director Name J. Anthony Rehak		
Street Address Same As Above			Street Address Same As Above		
City	State	Zip	City	State	Zip
Director Name Michael Adamczyk			Director Name		
Street Address Same As above			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
			100	Common	NPV

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

File Date \_\_\_\_\_  
Check No. 1001225  
By: \_\_\_\_\_  
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 \_\_\_\_\_ Date \_\_\_\_\_  
Michael Adamczyk  
Print or Type Name of Officer  
Secretary/Treasurer/Director  
Title of Officer