RI SOS Filing Number: 201867770910 Date: 5/30/2018 10:56:00 AM

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State of Rhode Island a Department of St			Division			2018 MAY	CC CC RE PE	
Annual Report for the y Corporation	ear: 2017	7	_			Y 30	RECE TARY ORAT	
→ Filing period: January 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00				AM IO:	IVED OF STA			
1. Entity ID Number		of the Corporation			_	8	<u> </u>	
000109042	Future Co		''				(n	
3. Principal Office Address			City		State	•	Zip	
151 Singleton Street			Woonsock	et	RI		02895	
4. NAICS Code	6. Brief descri	ption of the charac	ter of business	conducted in Rhode Isl	and			
517919 5. State of Incorporation		Telecommunications / Construction Installation, Serve and Repair of Networks consisting of Ethernet, Coaxial and Fiber Optic Cable						
`.								
7. List ALL officers (names and a	Vina Deserte	Check the box to indicate an attachment Vice-President Name						
President Name Steven Lima		Steven Lima						
Street Address 151 Singleton Stre	Street Addres	Street Address 151 Singleton Street Unit 402						
City Woonsocket	State RI	Zip 02895		City Woonsocket State RI			^{Zıp} 02895	
Secretary Name Steven Lima			Treasurer Name Steven Lima					
Street Address 151 Singleton Stre	Street Addres	Street Address 151 Singleton Street Unit 402						
City Woonsocket	State RI	Zip 02895	City Woonse	ocket	State RI		^{Ζiρ} 02895	
List ALL directors (names and addresses)				Check the box to indicate an attachment				
Director Name	Director Name	Director Name						
Street Address			Street Addres	Street Address				
City	State	Zıp	City	City		State Zip		
Director Name	_1.		Director Name	Director Name				
Street Address	Street Addres	Street Address						
City	State	Zip	City		State		Zip	
9. Shares Authorized		10. Shares Iss	ued	Chark th	le hov to in	dicate	an attachment 🗖	
This information is currently of record in the NUMBER OF								
Department of State. Changes require an additional filing.		8,000	8,000			5	1	
	_							
11. This report must be executed trustee, this report must be executed Under penalty of perjury, I decl	ited on behalf of	the corporation by	the receiver or t	rustee.				
statements, and that all statem	ents contained i			meraumy any accomp	anymy SC			
Name of Authorized Representative					Date			
Steven Lima (President)					05/30/2018			
Signature of Authorized Represen	ntative	SIGN DO	CUMENT HER	FILED	•			
MAIL TO: One Services			MA	Y 3 0 2018	, (2),50	,	

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos n.gov

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