RI SOS Filing Number: 201867771160 Date: 5/30/2018 10:54:00 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
2018 MAY 30 AM 10:54
SECRETARY OF STATE
CORPORATIONS DIV.

1. Entity ID Number	2. Exact name of the Corporation		
000109042	**Future Com Ltd.**		
3. Principal Office Address	City	State	Zip
151 Singleton Street	**Woonsocket**	**RI**	**02895**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
517919	**Telecommunications / Construction Installation, Serve and Repair of Networks consisting of Ethernet, Coaxial and Fiber Optic Cable**		
5. State of Incorporation			

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

President Name **Steven Lima**			Vice-President Name **Steven Lima**		
Street Address **151 Singleton Street Unit 402**			Street Address **151 Singleton Street Unit 402**		
City **Woonsocket**	State **RI**	Zip **02895**	City **Woonsocket**	State **RI**	Zip **02895**
Secretary Name **Steven Lima**			Treasurer Name **Steven Lima**		
Street Address **151 Singleton Street Unit 402**			Street Address **151 Singleton Street Unit 402**		
City **Woonsocket**	State **RI**	Zip **02895**	City **Woonsocket**	State **RI**	Zip **02895**

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

Director Name			Director Name		
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	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.	8,000		$1

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
Steven Lima (President)	**05/30/2018**

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED

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

MAY 30 2018 10:54

BY 331574

FORM 630 - Revised: 10/2017