



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. 91810		2. Name of Corporation THIRD MILLENNIUM COMMUNICATIONS INCORPORATED			
3. Street Address Principal Business Office 10 NATE WHIPPLE HWY.			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 401-658-0145		5. State of Incorporation RHODE ISLAND		6. SIC Code 6676	
7. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING, DESIGN, INSTALLATION, CERTIFICATION OF TELECOMMUNICATIONS AND LOW VOLTAGE AND RELATED SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PETER GRANT			Vice President Name ALAN GRANT		
Street Address 14 ALMY ST.			Street Address 29 NATE WHIPPLE HWY.		
City LINCOLN	State RI	Zip 02865	City CUMBERLAND	State RI	Zip 02864
Secretary Name LAURIANNE GRANT			Treasurer Name NONE		
Street Address 29 NATE WHIPPLE HWY.			Street Address		
City CUMBERLAND	State RI	Zip 02864	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			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
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
2 NO PAR VALUE			NONE		

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



File Date 3.4.05
Check No. 7500
By: z
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 Alan Grant Date 3.1.05
Print or Type Name of Officer ALAN GRANT
Title of Officer OWNER / FOUNDER



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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1. Corporate ID No. 91810		2. Name of Corporation THIRD MILLENNIUM COMMUNICATIONS INCORPORATED					
3. Street Address Principal Business Office 10 Nate Whipple Hwy.				City Cumberland	State RI	Zip 02864	
4. Business Phone No. 401-658-0145			5. State of Incorporation RHODE ISLAND			6. SIC Code 6676	
7. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING, DESIGN, INSTALLATION, CERTIFICATION OF TELECOMMUNICATIONS AND LOW VOLTAGE AND RELATED SERVICES.							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Peter Grant				Vice President Name Alan Grant			
Street Address 14 Almy St.				Street Address 29 Nate Whipple Hwy.			
City Lincoln	State RI	Zip 02865		City Cumberland	State RI	Zip 02864	
Secretary Name Laurianne Grant				Treasurer Name None			
Street Address 29 Nate Whipple Hwy.				Street Address			
City Cumberland	State RI	Zip 02864		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				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	
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	
2 NO PAR VALUE				None			

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



* 9 1 8 1 0 *

File Date 2/20/04
Check No. 6811
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.

Alan Grant 2-17-04
Signature of Officer Date
Alan Grant
Print or Type Name of Officer
Owner / Founder
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **91810** 2. Name of Corporation **THIRD MILLENNIUM COMMUNICATIONS INCORPORATED**
3. Street Address Principal Business Office **10 Nate Whipple Hwy.,** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. **401-658-0145** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6676**

7. Brief Description of the Character of Business Conducted in Rhode Island
Data, voiceand intercom wiring

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Peter Grant	Vice President Name Alan Grant
Street Address 14 Almy St.	Street Address 29 Nate Whipple Hwy.
City Lincoln, State RI Zip 02865	City Cumberland State RI Zip 02864
Secretary Name Laurianne Grant	Treasurer Name None
Street Address 29 Nate Whipple Hwy.	Street Address
City Cumberland State RI Zip 02864	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 9 1 8 1 0 *

File Date: 1-10-03
Check No.: 6005
By: UP

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.

Alan Grant 1-10-03
Signature of Officer Date

Alan Grant
Print or Type Name of Officer
Owner / Founder



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91810** 2. Name of Corporation **THIRD MILLENNIUM COMMUNICATIONS INCORPORATED**
3. Street Address Principal Business Office **10 Nate Whipple Hwy.,** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. **401-658-0145** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6676**
7. Brief Description of the Character of the Business Conducted in Rhode Island

Data, Voice and Intercom networking

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Peter Grant Street Address 14 Almy ST. City Lincoln, State RI Zip 02865	Vice President Name Alan Grant Street Address 29 Nate Whipple Hwy. City Cumberland State RI Zip 02864
Secretary Name Laurianne Grant Street Address 29 Nate Whipple Hwy. City Cumberland State RI Zip 02864	Treasurer Name None Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name None Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 9 1 8 1 0 *

File Date: 2-26-02
Check No.: 5341
By: [Signature]

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 [Signature] Date 2-20-02

Alan E. Grant
Print or Type Name of Officer
Owner / Founder



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91810** 2. Name of Corporation **THIRD MILLENNIUM COMMUNICATIONS INCORPORATED**
 3. Street Address Principal Business Office **10 Nate Whipple Hwy.,** City **Cumberland,** State **RI** Zip **02864-1415**
 4. Business Phone No. **401-658-0145** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6676**

7. Brief Description of the Character of Business Conducted in Rhode Island
Data, Voice and Intercom networking

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Peter Grant	Vice President Name Alan Grant
Street Address 14 Almy ST.	Street Address 29 Nate Whipple Hwy.
City Lincoln, State RI Zip 02865	City Cumberland, State RI Zip 02864
Secretary Name Laurianne Grant	Treasurer Name None
Street Address 29 Nate Whipple Hwy.	Street Address
City Cumberland, State RI Zip 02864	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name None	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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
2 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
 Number of Shares Class/Series Par Value
None

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



* 9 1 8 1 0 *
2/8

File Date: _____
 Check No: 4492
 By: de

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.

Alan E. Grant
 Signature of Officer **Alan E. Grant** Date **2-5-01**
 Print or Type Name of Officer
Owner / Founder
 Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91810 2. Name of Corporation THIRD MILLENNIUM COMMUNICATIONS INCORPORATED

3. Street Address Principal Business Office 10 Nate Whipple Hwy. City Cumberland State RI Zip 02864-1415

4. Business Phone No. 401-658-0145 5. State of Incorporation RHODE ISLAND 6. SIC Code 6876

7. Brief Description of the Character of Business Conducted in Rhode Island
Data, Voice and Intercom Networking

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>Peter Grant</u>	Vice President Name <u>Alan Grant</u>
Street Address <u>14 Almy St.</u>	Street Address <u>29 Nate Whipple Hwy.</u>
City State Zip <u>Lincoln RI 02865</u>	City State Zip <u>Cumberland RI 02864</u>
Secretary Name <u>Laurianne Grant</u>	Treasurer Name <u>None</u>
Street Address <u>29 Nate Whipple Hwy.</u>	Street Address
City State Zip <u>Cumberland RI 02864</u>	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>None</u>	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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 9 1 8 1 0 *

1/21/00

File Date: _____

Check No.: 3553

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.

Alan E. Grant 1-20-00
Signature of Officer Date

Alan E. Grant

Print or Type Name of Officer

Owner/Founder

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91810		2. Name of Corporation THIRD MILLENNIUM COMMUNICATIONS INCORPORATED	
3. Street Address Principal Business Office 10 Nate Whipple Hwy.,		City Cumberland	State RI
4. Business Phone No. (401) 658-0145		5. RHODE ISLAND	
6. State		Zip 02864	
7. Brief Description of the Character of Business Conducted in Rhode Island Data, Voice and Intercom Networking			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Peter Grant		Vice President Name Alan Grant	
Street Address 97 Rhode Island Ave.		Street Address 29 Nate Whipple Hwy.	
City Pawtucket	State RI	City Cumberland	State RI
Zip 02860		Zip 02864	
Secretary Name Laurianne Grant		Treasurer Name None	
Street Address 29 Nate Whipple Hwy.		Street Address	
City Cumberland	State RI	City	State
Zip 02864		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares 2 SHS NO PAR VALUE	Class/Series	Number of Shares None	Class/Series
Par Value		Par Value	

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



* 9 1 8 1 0 *

File Date: 10/26/99
Check No.: 2766
By: JD

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: Alan E. Grant Date: _____
Print or Type Name of Officer: **Alan E. Grant**
Owner / Founder
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91810** 2. Name of Corporation **THIRD MILLENNIUM COMMUNICATIONS INCORPORATED**
3. Street Address Principal Business Office **10 Nate Whipple Hwy.,** City **Cumberland** State **R.I.** Zip **02864**
4. Business Phone No. **(401) 658-0145** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6876**

7. Brief Description of the Character of Business Conducted in Rhode Island
Voice, Data and Intercom Networking

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Peter Grant	Vice President Name Alan Grant
Street Address 97 Rhode Island Ave.	Street Address 29 Nate Whipple Hwy.
City Pawtucket State RI. Zip 02860	City Cumberland State RI. Zip 02864
Secretary Name Laurianne M. Grant	Treasurer Name None
Street Address 29 Nate Whipple Hwy.	Street Address
City Cumberland State RI. Zip 02864	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name None	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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



File Date: 2-17-98
Check No.: 1973
By: ICP
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: Alan E. Grant Date: 2-12-98
Print or Type Name of Officer: Alan E. Grant
Title of Officer: Owner / Founder V.P.



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91810** 2. Name of Corporation **THIRD MILLENNIUM COMMUNICATIONS INCORPORATED**
3. Street Address Principal Business Office City State Zip
10 Nate Whipple Hwy., Cumberland RI. 02864
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code
(401) 658-0145 **6676**
7. Brief Description of the Character of Business Conducted in Rhode Island

Voice, Data and Intercom Networking

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Peter Grant Street Address 97 Rhode Island Ave. City State Zip Pawtucket RI 02860 Secretary Name Laurianne M. Grant Street Address 29 Nate Whipple Hwy. City State Zip Cumberland RI 02864	Vice President Name Alan E. Grant Street Address 29 Nate Whipple Hwy. City State Zip Cumberland RI 02864 Treasurer Name None Street Address None City State Zip None RI 02864
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name None Street Address None City State Zip None RI 02864	Director Name None Street Address None City State Zip None RI 02864
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10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2 SHS NO PAR VALUE			None		

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



* 9 1 8 1 0 *

File Date: 2-18-97
Check No.: 1368
By: AGP / JEC
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: Alan E. Grant Date: 2-13-97
Print or Type Name of Officer: Alan E. Grant
Title of Officer: Owner/ Founder V.P.