



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

Annual Report for the year: 2018
 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
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 SEP - 4 PM 3:45

1. Entity ID Number 1679703		2. Exact name of the Corporation Superior Wireless Inc	
3. Principal Office Address 1401 Park Ave		City Cranston	State RI
		Zip 02920	
4. NAICS Code 541519	5. Brief description of the character of business conducted in Rhode Island Cell phones / Services		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name STEVEN Prak		Vice-President Name Jerome Greene	
Street Address 193 Crescent Ave		Street Address 17 MAY Drive	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02920	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		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	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		100	B1
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 STEVEN Prak			Date 9/4/2018
Signature of Authorized Representative 			FILED SEP 04 2018

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

BY **KL K5H1K**