



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: 2017  
 Corporation

2018 DEC 28 AM 10:37

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

1. Entity ID Number <b>001335472</b>		2. Exact name of the Corporation <b>New Wireless INC</b>	
3. Principal Office Address <b>407 Park Ave</b>		City <b>WOON</b>	State <b>RI</b>
		Zip <b>02895</b>	
4. NAICS Code <b>443142</b>	6. Brief description of the character of business conducted in Rhode Island <b>Sell of Wireless Communication Service and Accessories</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Edwin Alvarez</b>		Vice-President Name	
Street Address <b>48 Edgewood Ave</b>		Street Address	
City <b>WOON</b>	State <b>RI</b>	Zip <b>02895</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Edwin Alvarez</b>		Director Name	
Street Address <b>48 Edgewood Ave</b>		Street Address	
City <b>WOON</b>	State <b>RI</b>	Zip <b>02895</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>8,100</b>	<b>COMMON</b>
			<b>0</b>
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 <b>Edwin Alvarez</b>		Date <b>12/28/18</b>	
Signature of Authorized Representative <i>Edwin Alvarez</i>		<b>FILED</b> ←	

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

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