



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

STAMP

Annual Report for the year: 2019
 Corporation

- 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 81343 | | 2. Exact name of the Corporation Sequel Communications Inc | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|------------------|--------------|-----------|--|--|--|--|--|--|
| 3. Principal Office Address 620 Elmgrove Avenue | | | City Providence | State RI | Zip 02906 | | | | | | | | | |
| 4. NAICS Code 541430 | | 6. Brief description of the character of business conducted in Rhode Island Web and Graphic Design | | | | | | | | | | | | |
| 5. State of Incorporation Rhode Island | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name Hammett Nurosi | | | Vice-President Name Akefeh Nurosi | | | | | | | | | | | |
| Street Address 620 Elmgrove Avenue | | | Street Address 620 Elmgrove Avenue | | | | | | | | | | | |
| City Providence | State RI | Zip 02906 | City Providence | State RI | Zip 02906 | | | | | | | | | |
| Secretary Name | | | Treasurer Name Akefeh Nurosi | | | | | | | | | | | |
| Street Address | | | Street Address 620 Elmgrove Avenue | | | | | | | | | | | |
| City | State | Zip | City Providence | State RI | Zip 02906 | | | | | | | | | |
| 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 | 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 <input type="checkbox"/> | | | | | | | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS-SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS-SERIES | PAR VALUE | | | | | | |
| | | | NUMBER OF SHARES | CLASS-SERIES | PAR VALUE | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 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 Akefeh Nurosi | | | | Date 01/14/2019 | | | | | | | | | | |
| Signature of Authorized Representative | | | | | | | | | | | | | | |

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

FILED

JAN 16 2019

FORM 630 - Revised: 10/2017

BY 4635 DS