RI SOS Filing Number: 201986435750 Date: 2/11/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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	2 Exact name of the Corporation						
769084	CTI Towers, Inc.						
3. Principal Office Address			City		State	Zıp	
1701 John F Kennedy Blvd, 32nd Floor			Philadelphia	a	PA	19103-2838	
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island						
331318	Communications						
5. State of Incorporation	1						
Pennsylvania							
7. List ALL officers (names and add	tresses)			Check	the box to in	idicate an attachment	
President Name Amy L Banse	Vice-President Name Thomas J Donnelly						
Street Address 1701 John F Kenne	Street Address 1701 John F Kennedy Blvd,						
City Philadelphia	State PA	<sup>Zip</sup> 19103-2838	Cily Philadelphia		State PA	State PA Zip 19103-2838	
Secretary Name Carrie L Larson	freasurer Name William E Dordelman						
Street Address 1701 John F Kennedy Blvd,			Street Address 1701 John F Kennedy Blvd				
<sup>City</sup> Philadelphia	State PA	<sup>Zip</sup> 19103	City Philadelphia		State PA	<sup>Zıp</sup> 19103	
<ol><li>List ALL directors (names and ac</li></ol>	ddresses)	•	<u> </u>		the box to in	ndicate an attachment 🔲	
Director Name Anthony F Peduto			Director Name Louis A Toth				
Street Address 1701 John F Kennedy Blvd,			Street Address 1701 John F Kennedy Blvd,				
City Philadelphia	State PA	Zip 19103-2838	City Philadelphia		State PA	Zip 19103-2838	
Director Name  David Zilberman			Director Name				
Street Address 1701 John F Kennedy Blvd,			Street Address				
City Philadelphia	State PA	Z <sub>1</sub> p19103-2838	City		State	Zip	
9. Shares Authorized		10. Shares Issued Ch		Check	neck the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF SI	HARES	CLASSISERIES PAR VALUE			
Changes require an additional filing.		0		Common		\$0.0010	
		0		PWP \$0.00		\$0.0010	
<ol> <li>This report must be executed o trustee, this report must be execute</li> </ol>					ration is in t	he hands of a receiver or	
Under penalty of perjury, I decla	re and affirm the	at I have examined	this report, ii		npanying so	chedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative Date						<del></del>	
Thomas J Donnelly, Vice President					02/01/2019		
Signature of Authorized Represent	ative 7	m Dimin	ellyn	FILED	N		
			U		, U		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 1 1 2019

BY 13186138