



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.

FILED

MAR 21 2019

BY 1829 DS

1. Entity ID Number 000127941		2. Exact name of the Corporation A.M. Communications, Inc.			
3. Principal Office Address 414 Broadway		City Providence		State RI	Zip 02909
4. NAICS Code 54- Professional Scientific	6. Brief description of the character of business conducted in Rhode Island To engage in the business of buying, selling and installing telephones and telephonic equipment				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Thomas W. McEntee			Vice-President Name N/A		
Street Address 13 terrace Avenue			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
Secretary Name Stephen P. Aienello			Treasurer Name Stephen P. Aienello		
Street Address 15 Upland Road			Street Address 15 Upland Road		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		No Par Value	
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 Thomas W. McEntee				Date 03-14-19	
Signature of Authorized Representative <i>Thomas W. McEntee</i>					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017