



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.


FILE

JAN 29 2020

BY

01/31/20

DS

1. Entity ID Number 450		2. Exact name of the Corporation Advanced Interconnections Corporation			
3. Principal Office Address 5 Energy Way		City West Warwick		State RI	Zip 02893
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Manufacture and distribution of electronic interconnectors and parts.			
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 Michael J. Murphy			Vice-President Name Michael J. Murphy		
Street Address 2359 Division Road			Street Address 2359 Division Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name James R. Murphy			Treasurer Name Michael J. Murphy		
Street Address 5 Energy Way			Street Address 2359 Division Road		
City West Warwick	State RI	Zip 02893	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael J. Murphy			Director Name James R. Murphy		
Street Address same as above			Street Address same as above		
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.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			1034	voting common	\$1 par value
			97,196	nonvoting common	\$1 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 Michael J. Murphy, President					Date 2-22-20
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

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

FORM 630 - Revised: 10/2017