



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.

FILED
 FEB 24 2020

BY 4653

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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VAL JE		
			1000		
			0		
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. <u>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.</u>					
Name of Authorized Representative Akefeh Nurosi				Date 02/20/2020	
Signature of Authorized Representative <i>A. Nurosi</i>					