RI SOS F	iling Number:	202036562510	Date: 3/18/2020 4	4:00:00 PM				
	and and Providence of State - Busi	e Plantations iness Services	Division	FI	LED			
Annual Report for the year: 2020 Corporation				MAR 1 8 2020				
<ul> <li>→ Filing period: Janual</li> <li>→ Filing Fee \$50.00</li> <li>→ Penalty: Additional \$3</li> </ul>		not filed by April 1.		BY_				
1. Entity ID Number 1680813		ame of the Corporation	on	· · · · · · · · · · · · · · · · · · ·				
3 Principal Office Address			City	State	Zip			
22 Trolley Lane			Salem	NH	03079			
4. NAICS Code	6. Brief de	Brief description of the character of business conducted in Rhode Island						
423610	Cellular v	Cellular wireless and electrical maintenance and construction						
5. State of Incorporation NH								
7. List ALL officers (names	and addresses)			Check the box to indi	cate an attaci			
President Name Thomas Buja			Vicc-President Name Thomas Buja					
Street Address 15 Forest Ro	ad	· · · · · · · · · · · · · · · · · · ·	Street Address 15 Forest Road					
<sup>City</sup> Hudson	State NH	<sup>Ζιρ</sup> 03051	City Hudson	State NH	Zip 030			

I NH								
7. List ALL officers (names	s and addresses)			Check	the box to in	ndicate an attachr	ment 🔲	
President Name Thomas B		Vice-President Name Thomas Buja						
Street Address 15 Forest R	Street Address	Street Address 15 Forest Road						
City Hudson	State NH	<sup>Ζιρ</sup> 03051	City Hudson		State NH	Zip 0305	1	
Secretary Name Thomas B	Treasurer Nam	Treasurer Name Thomas Buja						
Street Address 15 Forest R	Road			15 Forest Road				
City Hudson	State NH	<sup>Zip</sup> 03051	City Hudson			Zip 0305	1	
8. List ALL directors (name	es and addresses)			Check	the box to in	ndicate an attachi	ment 🗖	
Director Name None	Director Name							
Street Address			Street Address					
City	State	Zip	City	City		Zip		
Director Name	Director Name	Director Name						
Street Address	Street Address	Street Address						
City	State	Zıp	City	City		Zip		
9. Shares Authorized		10. Shares Is	sued	Check	the box to in	ndicate an attachr	nent 🗍	
This information is currentl	y of record in the		OF SHARES	CLASS/SERIES		PAR VALUE	nent 🔲	
Department of State.  Changes require an additional filing.		20		Common A		No Par		
11. This report must be ex	ecuted on behalf of the	corporation by an	authorized repres	entative. If the corpo	ration is in t	he hands of a rec	eiver or	
trustee, this report must be	e executed on behalf of	the corporation by	the receiver or tru	ustee.		-ttt		
Under penalty of perjury statements, and that all	, i deciare and ammili t Statements contained	naci nave examii herein are true 2	neu uns report, ir ind correct	icidaing any accom	ipanying so	criedules and		
Name of Authorized Repre	esentative	ure une d			Date			
Thomas Buja, President		3/1/20						
Signature of Authorized Ri	epresentative	1	.,		•			
MAIL TO:					·	<del></del>		
MAIL TO: Division of Business Service 148 W. River Street, Pravidence Phone: (401) 222-3040		315						
Website: www.sos ri.gov					F	ORM 630 - Revised	i: 10/2017	