



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.

1. Entity ID Number 000126027		2. Exact name of the Corporation VENCOM COMMUNICATIONS, INC			
3. Principal Office Address P.O. BOX 276 10 COMMON ROAD			City ASHBY	State MA	Zip 01431
4. NAICS Code 517919		6. Brief description of the character of business conducted in Rhode Island SALES AND SERVICE FOR TELECOMMUNICATIONS			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name VENANZIO CARBONE			Vice-President Name		
Street Address 31 ARROWHEAD LANE			Street Address		
City NEW IPSWICH	State NH	Zip 03071	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LISA MARIE CARBONE			Director Name		
Street Address 31 ARROWHEAD LANE			Street Address		
City NEW IPSWICH	State NH	Zip 03071	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 20,000		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	
		1000	CNP	\$0.00	
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 LISA MARIE CARBONE				Date 4/4/2020	
Signature of Authorized Representative <i>Lisa Marie Carbone</i>					

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

FILED
APR 17 2020
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 A.A.
 FORM 630 - Revised: 10/2017