



State of Rhode Island

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 DEC -3 PM 12:09

1. Entity ID Number 1685580		2. Exact name of the Corporation Optel Business Communication Systems, Inc.									
3. Principal Office Address PO Box 180			City Nesconset	State NY	Zip 11767						
4. NAICS Code 517000		6. Brief description of the character of business conducted in Rhode Island Sale of phone systems									
5. State of Incorporation New York											
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>						
President Name Michael Mannino			Vice-President Name Frank Lauro								
Street Address 43 Tanglewood Drive			Street Address 155 Cassa Loop								
City Smithtown	State NY	Zip 11787	City Holtsville	State NY	Zip 11742						
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			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									
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>									
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Stock</td> <td>0</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Stock	0
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200	Stock	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.											
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 Mannino					Date 11-23-2020						
Signature of Authorized Representative 											

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

DEC 03 2020

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FORM 630 - Revised: 08/2020