



State of Rhode Island
Department of State - Business Services Division

FILED

STAMP

Annual Report for the year: 2021 Corporation

JAN 20 2021

FOR

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 2021 OS

1. Entity ID Number 001496		2. Exact name of the Corporation Communication Systems, Inc.					
3. Principal Office Address 44 Albion Road, Suite 101				City Lincoln		State RI	Zip 02865-0000
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island sales and installation of communication systems					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>							
President Name Armand J. Toscano				Vice-President Name Armand J. Toscano			
Street Address 17 Lees Farm Commons Drive				Street Address 17 Lees Farm Commons Drive			
City North Providence		State RI	Zip 02904-		City North Providence		Zip 02904-
Secretary Name Armand J. Toscano				Treasurer Name Armand J. Toscano			
Street Address 17 Lees Farm Commons Drive				Street Address 17 Lees Farm Commons Drive			
City North Providence		State RI	Zip 02904-		City North Providence		Zip 02904-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name none				Director Name none			
Street Address none				Street Address none			
City none		State none	Zip none		City none		Zip none
Director Name none				Director Name none			
Street Address none				Street Address none			
City none		State none	Zip none		City none		Zip none
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	
			100	Common		No Par	
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 Armand J. Toscano					Date 1/04/2021		
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

Communication Systems, Inc.
Corporate ID Number 001496
Additional Officers:

Vice President:

James Baril
44 Albion Road, Suite 101
Lincoln, RI 02865

Vice President:

Edward M. McDonald
44 Albion Road, Suite 101
Lincoln, RI 02865

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