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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
FEB 18 2021
BY 0702

Annual Report for the year: 2021
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	2. Exact name of the Corporation		
000146869	**Advanced Digital Wireless, Inc.**		
3. Principal Office Address: 599 Kingstown Road	City: Wakefield	State: RI	Zip: 02879
4. NAICS Code: 517312	6. Brief description of the character of business conducted in Rhode Island: **To conduct retail sales and service of cellular phones and accessories.**		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **David L. Moone**			Vice-President Name: Donald L. Somers, Jr.		
Street Address: 599 Kingstown Road			Street Address: 599 Kingstown Road		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879
Secretary Name: **David L. Moone**			Treasurer Name: Donald L. Somers, Jr.		
Street Address: 599 Kingstown Road			Street Address: 599 Kingstown Road		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Donald L. Somers, Jr.			Director Name		
Street Address: 599 Kingstown Road			Street Address		
City: Wakefield	State: RI	Zip: 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This Information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**CNP**	**$0.0000**

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	Date
Donald L. Somers, Jr. , Vice President	2/12/2021

Signature of Authorized Representative: SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017