RI SOS Filing Number: 202193286050 Date: 2/25/2021 4:00:00 PM

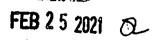
700

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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.

Penalty: Additional \$25.00							
1. Entity ID Number 66560		2. Exact name of the Corporation  ABBEY TELEPHONE SERVICE, INC.					
3. Principal Office Address			City		State	Zip	
56 Pine Street, Suite 3 A			Providence			02903	
4. NAICS Code  5. State of Incorporation  Rhode Island		cription of the character in Providing Telep				ces	
7. List ALL officers (names and a	addre <u>sses)</u>				eck the box to in	dicate an attachment	
President Name Carolyn M. Boud	-		Vice-President	t Name Claire M.	Bouchard		
Street Address 4 Lucille Drive	Street Address	\$4 Lucille Drive					
City Greenville	State RI	Zip 02828	City Greenville		State RI	Zip <b>02828</b>	
Secretary Name Jacqueline M. B	ouchard			Treasurer Name Claire M. Bouchard			
	604 Pinewood Drive			Street Address 4 Lucille Drive			
City Esmond	State	Zip 02917	City Greenville		State RI	<sup>Zip</sup> 02828	
8. List ALL directors (names and	addresses)				ieck the box to in	idicate an attachment 🔲	
Director Name <b>none</b>			Director Name	none			
Street Address			Stree: Address	Stree: Address			
Спу	State	Zip	City		State	Zip	
Director Name none		1	Director Name	Director Name none			
Street Accress			Street Accress	Street Accress			
City	State	Zip	City		State	Zıp	
9 Shares Authorized		10 Shares Iss				dicate an attachment 🔲	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER C	-O-		SERIES	PAR VA. UE	
		· · · · · · · · · · · · · · · · · · ·					
11. This report must be executed trustee, this report must be exec					orporation is in the	ne hands of a receiver or	
Under penalty of perjury, I dec statements, and that all staten	clare and affirm in ments contained	that I have examin	ned this report, in		companying sc	hedules and	
Name of Authorized Representat	itive				Date	1-	
Carolyn M. Bouchard, Preside					2/4/	2 <i> </i>	
Signature of Authorized Represe		JON JON	College 1	e:	•		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov