	State of Rhode Island  Department of State -	· Business S
Annua	I Report for the year:	2021
Corpo	ration	

epartment of State -	Business Services Division
Report for the year:	2021

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

Filter	
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1. Entity ID Number	2. Exact nam	e of the Corporation	on		-			
000046838	Advance	Advanced Voice Communications, Inc.						
3 Principal Office Address			City		State	Zip		
PO Box 909			E. Greenwich		RI	02818		
4. NAICS Code	6. Brief desc	ription of the chara	cter of business condu	cted in Rhode Isla	and			
812990	Offering vo	Offering voice mail services to the business community.						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names a	nd addresses)			Check th	e box to indic	ate an attachment		
President Name David C. Fogg			Vice-President Name Pamela Maria T. Fogg					
Street Address 19 Elam Street			Street Address 19 Elam Street					
<sup>City</sup> Wickford	State RI	<sup>Zip</sup> 02852	City Wickford		State RI	<sup>Zip</sup> 02852		
Secretary Name	<u>,                                    </u>	<b>!</b>	Treasurer Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names	and addresses)			Check th	ne box to indic	cate an attachment		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City		State	Zıp		
9. Shares Authorized	<u> </u>	10 Shares Issued		Check th	Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER	OF SHARES	CLASS/SERIES		PAR VALUE		
Changes require an additional	filing.	1 10						
11. This report must be exec	uted on behalf of the	corporation by an	authorized representat	tive. If the corpora	ation is in the	hands of a receiver or		
trustee, this report must be e	xecuted on behalf of	f the corporation by	the receiver or trustee	3.				
Under penalty of perjury, I statements, and that all sta				ding any accomp	anying sche	edules and		
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date			
David C. Fogg				March 31, 2021				
Signature of Authorized Rep	resentative	-			-			
KY al Cla	<u></u>							

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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