<b>(B)</b>	
	ı

State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:	2021
Cornoration	

	•	2021	
rporation			

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

F		<b></b> .
JUN 0 4 2021	Q	• •

Entity ID Number	<u>t</u>	2. Exact name of the Corporation					
31903	RADIO-P	PHONE COMM	UNICATION	IS, INC.			
<ol><li>Principal Office Address</li></ol>	5		City	· · · · ·	State	Zip	
153 JAMES P MURPH	Y INDUSTRIAL HIG	HWAY	WEST WA	RWICK	RI	02893	
4. NAICS Code	6. Brief desc	cription of the charac	cter of business o	conducted in Rhode	e Island		
517312	SALES, M	ARKET, SERVICE	E, DISPATCH,	2-WAY RADIO E	QUIPMENT	& RELATED	
5. State of Incorporation	PRODUCT	ſS					
RI							
7. List ALL officers (names	s and addresses)			Chec	ck the box to i	indicate an attachment 🔲	
President Name Joseph A. Accetta			Vice-President Name Rosalie A. Accetta				
Street Address PO Box 676			Street Address PO Box 676				
<sup>City</sup> Exeter	State RI	<sup>Zip</sup> 02822	City Exeter	1		<sup>Zip</sup> 02822	
Secretary Name Rosalie A. Accetta  Treasurer Name Joseph A. Accetta							
Street Address PO Box 676		Street Address PO Box 676					
City Exeter	State RI	<sup>Zip</sup> 02822	City Exeter		State RI	<sup>Zip</sup> 02822	
8. List ALL directors (name	es and addresses)	1			I ck the box to	indicate an attachment	
Director Name		<del></del>	Director Name		<u> </u>		
Street Address			Street Address	s			
City	State	Zip	City		State	Zip	
Director Name	I	<u></u>	Director Name	e			
Street Address	<del></del>		Street Address	s			
				· · · · · · · · · · · · · · · · · · ·		•	
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Is				indicate an attachment	
This information is currentl Department of State.	ly of record in the		OF SHARES	F SHARES CLASS/SERIES COMMON		PAR VALUE	
Changes require an additional filing.		500	500			NO PAR	
					rporation is in	the hands of a receiver or	
trustee, this report must be Under penalty of perjury							
statements, and that all .				including any acc	Ompanying a	icnedules and	
Name of Authorized Representative				Date			
JOSEPH A. ACCETTA					5/28/21		
Signature of Authorized R	earesentative	Reuli	4				
Lega	- <i>(SC)</i>	un		RES.			

MAIL TO:

**Division of Business Services** 

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

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