



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

01A. -
JAN 20 2023
 2140

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 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	State RI	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	State RI	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	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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 <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 1/04/2023	
Signature of Authorized Representative <i>Armand J. Toscano, President</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov