



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
CorporationRECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 FEB -3 PM 12:23

- 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 001715540		2. Exact name of the Corporation LOGICAL WIRELESS INC										
3. Principal Office Address 563 CUMBERLAND HILL RD		City WOONSOCKET	State RI									
		Zip 02895										
4. NAICS Code 518210	6. Brief description of the character of business conducted in Rhode Island CELL PHONE and COMPUTER Repair											
5. State of Incorporation RHODE ISLAND												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name SAAD IQBAL		Vice-President Name										
Street Address 63 BUDGET ST UNIT 1		Street Address										
City ATTLEBORO	State MA	Zip 01703										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
Changes require an additional filing.												
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 SAAD IQBAL		Date 1/30/2023										
Signature of Authorized Representative Saad Iqbal												

FILED

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

FEB 03 2023

FORM 630 - Revised: 11/2021

BY MJ/66C
12:23 PM