



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021  
Corporation

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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 <b>001715540</b>		2. Exact name of the Corporation <b>LOGICAL WIRELESS INC</b>			
3. Principal Office Address <b>563 CUMBERLAND HILL RD</b>		City <b>WOODSOCKET</b>		State <b>RI</b>	Zip <b>02895</b>
4. NAICS Code <b>518210</b>		6. Brief description of the character of business conducted in Rhode Island <b>CELL PHONE and COMPUTER Repair</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>SAAD IQBAL</b>		Vice-President Name			
Street Address <b>63 BUDGET ST UNIT 1</b>		Street Address			
City <b>ATLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>	City		State
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City		State
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	City		State
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City		State
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		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.					
<b>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.</b>					
Name of Authorized Representative <b>SAAD IQBAL</b>				Date <b>1/30/2023</b>	
Signature of Authorized Representative <b>Saad Iqbal</b>					

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

FILED

FEB 03 2023

FORM 630 - Revised: 11/2021

BY MJ/66C  
12:23 PM