



State of Rhode Island

Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 FEB -6 AM 11:24

Annual Report for the year: 2021

Corporation

→ 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 001704601		2. Exact name of the Corporation WIRELESS EXPERIENCE OF NEW ENGLAND INC			
3. Principal Office Address 509 N MAIN STREET		City MANAHAWKIN		State NJ	Zip 08050
4. NAICS Code 449210		6. Brief description of the character of business conducted in Rhode Island CELLULAR TELEPHONE AND ACCESSORY RETAILER			
5. State of Incorporation New Jersey					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name BRIAN S. WAINWRIGHT			Vice-President Name		
Street Address 509 N MAIN STREET			Street Address		
City MANAHAWKIN	State NJ	Zip 08050	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			1000 CWP \$25.00		
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 ROBERT T. SHAWK JR CFO				Date 2/2/2023	
Signature of Authorized Representative 					

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 06 2023

FORM 630 - Revised 11/2021

BY 60006  
11:2508