



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 08 2023

BY

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1. Entity ID Number 000013149		2. Exact name of the Corporation SOUTHLAND COMMUNICATIONS INC.			
3. Principal Office Address 90 ELM STREET			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 551112		6. Brief description of the character of business conducted in Rhode Island INVESTMENTS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank Mauran IV			Vice-President Name Robert Gaumont		
Street Address 151 Power Street			Street Address 6 Bittersweet Lane		
City Providence	State RI	Zip 02906	City South Dartmouth	State MA	Zip 02748
Secretary Name Robert Gaumont			Treasurer Name Elizabeth J. Eley		
Street Address 6 Bittersweet Lane			Street Address 244B Mayfield Avenue		
City South Dartmouth	State MA	Zip 02748	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank Mauran IV			Director Name Pauline C. Metcalf		
Street Address 151 Power Street			Street Address 375 Mail Road		
City Providence	State RI	Zip 02906	City Exeter	State RI	Zip 02822
Director Name Robert Gaumont			Director Name		
Street Address 6 Bittersweet Lane			Street Address		
City South Dartmouth	State MA	Zip 02748	City	State	Zip
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 7686	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 Frank Mauran IV				Date 03/06/2023	
Signature of Authorized Representative <i>Frank Mauran</i>					

MAIL TO:

Division of Business Services

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