



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

APR 04 2023

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- 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 001674375		2. Exact name of the Corporation B A Telecom, Inc.			
3 Principal Office Address 322 CULVER BLVD. STE 106			City PLAYA DEL REY	State CA	Zip 90293
4. NAICS Code 517312		6 Brief description of the character of business conducted in Rhode Island TELECOMMUNICATIONS			
5. State of Incorporation NV					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN TUTTLE			Vice-President Name		
Street Address 322 CULVER BLVD. STE 106			Street Address		
City PLAYA DEL REY	State CA	Zip 90293	City	State	Zip
Secretary Name JOHN TUTTLE			Treasurer Name		
Street Address 322 CULVER BLVD. STE 106			Street Address		
City PLAYA DEL REY	State CA	Zip 90293	City	State	Zip
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN TUTTLE			Director Name		
Street Address 322 CULVER BLVD. STE 106			Street Address		
City PLAYA DEL REY	State CA	Zip 90293	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			9975	CNP	0
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 John Tuttle				Date 3/29/23	
Signature of Authorized Representative 					

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