



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31, 2024. JAN 22 P 2:05

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RI DEPT. OF STATE
BUS SVCS DIV.

1. Entity ID Number <u>000124963</u>		2. Exact name of the Corporation <u>Unitel Inc.</u>	
3. Principal Office Address <u>145 Bodwell Street</u>		City <u>Avon</u>	State <u>MA</u>
Zip <u>02322</u>		6. Brief description of the character of business conducted in Rhode Island <u>Install / Service Phone Systems</u>	
4. NAICS Code <u>51700</u>		5. State of Incorporation <u>MA</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Michael Worster</u>		Vice-President Name	
Street Address <u>1 Union Street</u>		Street Address	
City <u>North Easton</u>	State <u>MA</u>	Zip <u>02356</u>	
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.		NUMBER OF SHARES <u>893000</u>	
Changes require an additional filing.		CLASS/SERIES <u>0</u>	
		PAR VALUE <u>0</u>	
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 <u>Michael Worster</u>		Date <u>3-12-2019</u>	
Signature of Authorized Representative <u>Michael Worster</u>			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 22 2024
BY ML VZV4H
2:06

FORM 630 - Revised: 2/2023