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**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.

1. Entity ID Number 000087589		2. Exact name of the Corporation Green Mountain Communications, INC.			
3. Principal Office Address 702 Riverwood Drive			City Pembroke	State NH	Zip 03275
4. NAICS Code 237130		6. Brief description of the character of business conducted in Rhode Island Provide a variety of telecommunication services from tower construction and services, public safety systems, electrical services and maintenance.			
5. State of Incorporation New Hampshire					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Victor Drouin			Vice-President Name Catherine Drouin		
Street Address 702 Riverwood Drive			Street Address 702 Riverwood Drive		
City Pembroke	State NH	Zip 03275	City Pembroke	State NH	Zip 03275
Secretary Name Carrie Batcheller			Treasurer Name Catherine Drouin		
Street Address 702 Riverwood Drive			Street Address 702 Riverwood Drive		
City Pembroke	State NH	Zip 03275	City Pembroke	State NH	Zip 03275
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Vitcor Drouin			Director Name Catherine Drouin		
Street Address 702 Riverwood Drive			Street Address 702 Riverwood Drive		
City Pembroke	State NH	Zip 03275	City Pembroke	State 702	Zip 03275
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
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	PAR VALUE
		87,500		Common-Voting	0.00
		5,550		Common-Non-Voting	0.00
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. 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 Robert Covino				Date 2/7/24	
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

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