RI SOS Filing I	Number: 20244	16195180 I	Date: 2/9/2024 2:51:0	00 PM	,	
State of Rhode Isl Department of Annual Report for the year Corporation  Filing period: February Filing Fee: \$50.00 Penalty: Additional \$25.0	State - Busine : 2023 1 - May 1		Division	Q+EB9PM2:50:15	RIDOS BSD	
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	<sup>Zip</sup> 03275	
4. NAICS Code 237130 5. State of Incorporation New Hampshire	Provide a v	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 maintence.				
7. List ALL officers (names and addresses) President Name Victor Drouin			Check the box to indicate an attachment  Vice-President Name Catherine Drouin			
Street Address 702 Riverwood Drive			Street Address 702 Riverwood Drive			
<sup>City</sup> Pembroke	State NH	<sup>Zip</sup> 03275	Pembroke	State NH	Zip 03275	
Secretary Name Carrie Batcheller			Treasurer Name Catherine Druoin			
Street Address 702 Riverwood Drive			Street Address 702 Riverwood Drive			
<sup>City</sup> Pembroke	State NH	<sup>Zip</sup> 03275	City Pembroke	State NH	Zip 03275	
8 List ALL directors (names an	d addresses)		Chec	k the box to indicate an	attachment [	
Director Name Vitcor Druoin			Director Name Catherine Drouin			
Street Address 702 Riverwood Drive			Street Address 702 Riverwood Drive			
<sup>City</sup> Pembroke	State NH	<sup>Z<sub>ip</sub></sup> 03275	City Pembroke	State 702	<sup>Ζιρ</sup> 03275	
Director Name None			Director Name None			
Street Address None			Street Address None			
<sup>City</sup> None	State None	<sup>Zip</sup> None	City None	State None	Zip None	
9. Shares Authorized		10. Shares Issi	ued Che	ck the box to indicate an		
This information is currently of record in the		NUMBER OF	SHARES CLA	SS/SERIES	PAR VALUE	

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.

87,500

5,550

Name of Authorized Representative

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Common-Voting

Common-Non-Voting

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MAIL TO:

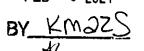
**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Department of State.

Changes require an additional fillng.



7151

Date

0.00

0.00

FORM 630- Revised 12/2023