



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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 12 2024

BY *Y 13877*

1. Entity ID Number 000126027		2. Exact name of the Corporation VENCOM COMMUNICATION, INC.			
3. Principal Office Address P.O. BOX 276 10 COMMON ROAD			City ASHBY	State MA	Zip 01431
4. NAICS Code 517919		6. Brief description of the character of business conducted in Rhode Island SALES AND SERVICE FOR TELECOMMUNICATIONS			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name VENANZIO CARBONE			Vice-President Name		
Street Address 31 ARROWHEAD LANE			Street Address		
City NEW IPSWICH	State NH	Zip 03071	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name LISA MARIE CARBONE			Director Name		
Street Address 31 ARROWHEAD LANE			Street Address		
City NEW IPSWICH	State NH	Zip 03071	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.		NUMBER OF SHARES		CLASS/PER.FS	PAR VALUE
Changes require an additional filing.		1000	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 LISA MARIE CARBONE				Date 3/8/2024	
Signature of Authorized Representative <i>Lisa Marie Carbone</i>					

MAIL TO:  
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