

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 25 2024
BY SYSL

1. Entity ID Number 000540937		2. Exact name of the Corporation MANN WIRELESS, LTD.			
3. Principal Office Address 101 FORD STREET			City BALDWIN SPA	State NY	Zip 12020
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island COMMUNICATION SYS.			
5. State of Incorporation NY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANDREW MANN			Vice-President Name		
Street Address 8390 63RD WAY			Street Address		
City PINELLAS PARK	State FL	Zip 33781	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			Director Name		
Street Address			Street Address		
City	State	Zip	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/SES	PAR VALUE
		30			6.00
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 <i>Andrew Mann</i>					Date 3/15/2024
Signature of Authorized Representative ANDREW MANN					

MAIL TO:
Division of Business Services
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