



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

STAMP

JAN 26 2024

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BY ML ØNT4D

1. Entity ID Number 000146869		2. Exact name of the Corporation Advanced Digital Wireless, Inc.			
3. Principal Office Address 599 Kingstown Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 517312		6. Brief description of the character of business conducted in Rhode Island To conduct retail sales and service of cellular phones and accessories.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David L. Moone			Vice-President Name Donald L. Somers, Jr.		
Street Address 599 Kingstown Road			Street Address 599 Kingstown Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name David L. Moone			Treasurer Name Donald L. Somers, Jr.		
Street Address 599 Kingstown Road			Street Address 599 Kingstown Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Donald L. Somers, Jr.			Director Name		
Street Address 599 Kingstown Road			Street Address		
City Wakefield	State RI	Zip 02879	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/SERIES	PAR VALUE
			100	CNP	\$0.0000
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 Donald L. Somers, Jr., Vice President					Date 1/25/24
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov