



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.

JUL 15 2024

31262

1. Entity ID Number 000042331		2. Exact name of the Corporation COMTEL, INC.			
3. Principal Office Address 73 CHERRY ROAD			City KINGSTON	State RI	Zip 02881
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island HOBBY STORE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FRANK P CARACCIA			Vice-President Name FRANK P CARACCIA		
Street Address 73 CHERRY ROAD			Street Address 73 CHERRY ROAD		
City KINGSTON	State RI	Zip 02881	City KINGSTON	State RI	Zip 02881
Secretary Name FRANK P CARACCIA			Treasurer Name FRANK P CARACCIA		
Street Address 73 CHERRY ROAD			Street Address 73 CHERRY ROAD		
City KINGSTON	State RI	Zip 02881	City KINGSTON	State RI	Zip 02881
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/STOCKS		
			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.					
Name of Authorized Representative FRANK P. CARACCIA, Pres.					Date 6/30/24
Signature of Authorized Representative <i>Frank P. Caraccia</i>					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov