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**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.

1. Entity ID Number 001666614		2. Exact name of the Corporation ABC Phones of North Carolina, Inc.	
3. Principal Office Address 8510 Colonnade Center Drive, Suite 300		City Raleigh	State NC
		Zip 27615	
4. NAICS Code 449210	6. Brief description of the character of business conducted in Rhode Island Operating company for the retail sale of wireless communications and ancillary sales and services		
5. State of Incorporation North Carolina			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Scott Tollett		Vice-President Name Elizabeth Martin-Quinn	
Street Address 8510 Colonnade Center Drive		Street Address 8510 Colonnade Center Drive	
City Raleigh	State NC	Zip 27615	City Raleigh
		State NC	Zip 27615
Secretary Name Gregory Rowe		Treasurer Name Elizabeth Martin-Quinn	
Street Address 8510 Colonnade Center Drive		Street Address 8510 Colonnade Center Drive	
City Raleigh	State NC	Zip 27615	City Raleigh
		State NC	Zip 27615
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Richard Balot		Director Name	
Street Address 8510 Colonnade Center Drive		Street Address	
City Raleigh	State NC	Zip 27615	City
		State	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
		State	Zip
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		1,000	Common
			PAR VALUE 0.01
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 BARRY HARWARD		FILED	Date 5/13/24
Signature of Authorized Representative <i>[Handwritten Signature]</i>		OCT 07 2024 SBFBS TL18	

MAIL TO:
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