



State of Rhode Island  
 Department of State - Business Services Division  
 Annual Report for the year: **2025**

**FILED**  
 STATE  
 JAN 28 2025  
 BY 220  
EG

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 <b>600 001496</b>		2. Exact name of the Corporation <b>Communication Systems, Inc.</b>			
3. Principal Office Address <b>44 Albion Road, Suite 101</b>			City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865-0000</b>
4. NAICS Code <b>238210</b>		6. Brief description of the character of business conducted in Rhode Island <b>sales and installation of communication systems</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Armand J. Toscano</b>			Vice-President Name <b>Jon Malczak</b>		
Street Address <b>17 Lees Farm Commons Drive</b>			Street Address <b>44 Albion Road, Suite 101</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904-</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865-</b>
Secretary Name <b>Armand J. Toscano</b>			Treasurer Name <b>Armand J. Toscano</b>		
Street Address <b>17 Lees Farm Commons Drive</b>			Street Address <b>17 Lees Farm Commons Drive</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904-</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904-</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		<b>100</b>		<b>Common</b>	
				<b>No Par</b>	
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. <b>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.</b>					
Name of Authorized Representative  <b>Armand J. Toscano</b> <div style="text-align: right;"><b>President</b></div>				Date  <b>1/04/2025</b>	
Signature of Authorized Representative  					

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