



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
STATE OF RHODE ISLAND
JAN 20 2025
12:00 PM
BSSD

1. Entity ID Number 001670021		2. Exact name of the Corporation Go Voip New England Inc.			
3. Principal Office Address 1 Evans Way			City Cranston	State RI	Zip 02920
4. NAICS Code 541618		6. Brief description of the character of business conducted in Rhode Island Consultation of low voltage wiring and telecommunication services.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Timothy M. Chmura			Vice-President Name -		
Street Address 1 Evans Way			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Timothy M. Chmura			Treasurer Name Timothy M. Chmura		
Street Address 1 Evans Way			Street Address 1 Evans Way		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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/SLR:ES PAR VALUE			
		100 Common Shares No 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. FILED					
Name of Authorized Representative Timothy M. Chmura				Date 1-20-2025	
Signature of Authorized Representative <i>[Signature]</i>				JAN 20 2025 BY 1195	

MAIL TO:
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Website: www.sos.ri.gov