RI SOS Filing Number: 202566619670 Date: 2/24/2025 4:00:00 PM

State of Rhode Island

**Department of State - Business Services Division** 

05C22 02/11/2025 2 15 PM

Annual Report for the year: , 3035						FILED				
Corporation = -						FFD 9 4 2025 /				
→ Filing period February 1 - May 1					FEB 2.4 2025					
→ Filing Fee. \$50.00						B'	, I`	$\langle L \rangle$		
→ Penalty Additional \$25 00 fee	if form is not filed	Dy I	May 31			D		· ()()	<b>^</b>	
1 Entity ID Number	2 Exact name o	fthe	Corporation			.•				
<u>0</u> 01734310	EASY TEL	Ei	PHONE SERVI	CES CO	MPANY					
Principal Office Address	City State Zip									
PO BOX 831478				OCALA						
4 NAICS Code 517000	6. Brief descripti	Brief description of the character of business conducted in Rhode								
5 State of Incorporation										
FL	SERVICE									
7 List ALL officers (names and a		Check the box to indicate an attachment								
President Name					Vice-President Name					
JOSEPH FERNANDEZ										
Street Address				Street Address						
4352 SE 95TH ST	352 SE 95TH ST									
City	State	Zφ	)	City		State	Ī	Zip		
OCALA	FL	3	34483							
Secretary Name		Treasurer Name								
Street Address				Street Address						
City	State	Ζφ		City		State		Zφ		
8 List ALL directors (names and addresses)					Che	ck the box	t to indica	ite an attachment		
Director Name	Director Na			10	te an attachment					
JOSE CORTES										
Street Address 4352 SE 95TH ST	Street Address									
City	State	itate Zip		City		State		Zip		
OCALA	FL		4483	,						
Director Name				Director Name						
Street Address				Street Address						
City	State	2.0		City		State		Zip		
9 Shares Authorized		٦	10. Shares Issued		Che	ck the hos	r to indic:	ate an attachment	77	
This information is currently of record in the NUMBER OF S							PAR VALUE			
Department of State.			100	05.55.2						
Changes require an additional filing.				-			1			
11 This report must be executed ceiver or trustee, this eport must						s in the ha	ands of a	re-		
Under penalty of perjury, I d statements, and that all stat	eclare and affir	m t	hat I have examine	d this rep		ecompa	nying s	chedules and		
Name of Authorized Representative						C	Date /	18/25		
Signature of Authorized Representation JOSE CORTES	plive									

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Websita: www.sos n gov