



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.

REC-38105-BSD  
25 MAY 2025 11:44:00  
S1 P

1. Entity ID Number 001657019		2. Exact name of the Corporation Pierson Wireless Corp.			
3. Principal Office Address 5205 Hovis Road		City Charlotte		State NC	Zip 28208
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Wireless equipment installation			
5. State of Incorporation Nebraska					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Ross Pierson			Vice-President Name		
Street Address 5205 Hovis Road			Street Address		
City Charlotte	State NC	Zip 28208	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.			10. Shares Issued		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			10000 Authorized	A	\$1.00
			0 Issued/Outstandi		
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 Ross Pierson					Date 5/8/25
Signature of Authorized Representative 					<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

MAY 09 2025

BY ELH3B 11:45

FORM 630- Revised 12/2023