



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

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

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FOR
SECRETARY
USE ONLY

REC'D RIDOS BSD
25 MAY 19 11:44:00

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)					Check the box to indicate an attachment <input type="checkbox"/>
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)					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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		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.					
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 Ross Pierson				Date 5/8/25	
Signature of Authorized Representative					

MAIL TO:

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

MAY 11 2025

BY E6H3B

FORM 630- Revised: 12/2023