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.

1. Entity ID Number	2. Exact name of the Corporation			
000091810	Third Millennium Communications, Inc.			
3. Principal Office Address: 29 Nate Whipple Hwy		City: Cumberland	State: RI	Zip: 02864
4. NAICS Code: 238210	6. Brief description of the character of business conducted in Rhode Island: Design, Installation, Certification of telecommunications, low voltage, voice, data, fiber optic and related services.			
5. State of Incorporation: Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Peter Grant			Vice-President Name: Alan Grant		
Street Address: 14 Almy St			Street Address: 29 Nate Whipple Hwy		
City: Lincoln	State: RI	Zip: 02865	City: Cumberland	State: RI	Zip: 02864
Secretary Name: Laurianne Grant			Treasurer Name:		
Street Address: 29 Nate Whipple Hwy			Street Address:		
City: Cumberland	State: RI	Zip: 02864	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 — This information is currently of record in the Department of State. Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		

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	Date
Alan Grant	02/05/2025

Signature of Authorized Representative: Alan Grant

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

FILED
FEB 07 2025
BY DZ

FORM 630- Revised: 12/2023