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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 001676469	2. Exact name of the Corporation AKA Wireless, Inc.		
3. Principal Office Address 8510 Colonnade Center Drive, Suite 300	City Raleigh	State NC	Zip 27615
4. NAICS Code 443142	6. Brief description of the character of business conducted in Rhode Island Operating company for the retail sale of wireless communications and ancillary sales and services		
5. State of Incorporation SD			

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

President Name: Scott Tollett			Vice-President Name: Gregory Rowe		
Street Address: 8510 Colonnade Center Drive, Suite 300			Street Address: 8510 Colonnade Center Drive, Suite 300		
City: Raleigh	State: NC	Zip: 27615	City: Raleigh	State: NC	Zip: 27615
Secretary Name: Gregory Rowe			Treasurer Name: Elizabeth Martin-Quinn		
Street Address: 8510 Colonnade Center Drive, Suite 300			Street Address: 8510 Colonnade Center Drive, Suite 300		
City: Raleigh	State: NC	Zip: 27615	City: Raleigh	State: NC	Zip: 27615

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

Director Name: Richard Balot			Director Name:		
Street Address: 8510 Colonnade Center Drive, Suite 300			Street Address:		
City: Raleigh	State: NC	Zip: 27615	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
1,000	Common	$1.00

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: Greg Rowe

AUG 14 2025

Date: 4/4/25

Signature of Authorized Representative: Greg Rowe

BY NTD57

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

FORM 630- Revised: 12/2023