

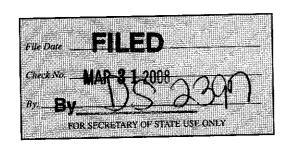
A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

Cambonato IO No	2. Name of Corpora	ty fee of \$25.00.				
, Corporate ID No. 144827	Wireless Evolution, Ltd.					
: Street Address Principal Business Office 363 Smithfield Avenue			Pawtucket	State RI	02860	
(401) 722-5161		Rhode Island				
Brief Description of the Character Retail sales of cell phones,	Accessories and	i nre-naid refiii coupuii	S	DAGGG BERODE HSING	ATTIKOTINTONIS	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX I President Name Teresa P. Correia			R ATTACHMENT) THE IN SPACES BEFORE USING ATTACHMENTS Vice President Name Teresa P. Correia			
Street Address 363 Smithfield Avenue			Street Address 363 Smithfield Avenue			
City Pawtucket	State RI	^{Zip} 02860	City Pawtucket	State RI	^{Zip} 02860	
Secretary Name Teresa P. Correia			Treasurer Name Teresa P. Correia			
Street Address 363 Smithfield Avenue			Street Address 363 Smithfield Avenue			
City	State RI	^{Zip} 02860	^{City} Pawtucket	State RI	^{Zip} 02860	
Pawtucket 8. Names and Addresse:	S OF THE DIREC	TORS: ("X" BOX FO	R ATTACHMENT) 🔲 FILL 🛭	n spaces before usin	G ATTACHMENTS	
Director Name		BB333339944446372000000000000000000000000000000000000	Director Name			
Director Name		HIBBERT (1885) 1143-0 (1985) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986)	Director Name Street Address			
	State	Zip	Director Name	State	Zip	
Director Name Street Address City			Street Address			
Director Name Street Address City Director Name			Street Address City			
Director Name Street Address City Director Name Street Address			Street Address City Director Name			
Director Name Street Address City Director Name Street Address City 2. SHARBS AUTHORIZED	State State	Zip Zip	Street Address City Director Name Street Address City	State State State	Zip Zip	
Director Name Street Address City Director Name Street Address City 9. SHARES AUTHORIZED AUTHORIZED SHARES	State State State	Zip Zip (TEACHMENT)	Street Address City Director Name Street Address City	State State	Zip Zip	
Director Name Street Address City Director Name Street Address City 2. SHARES AUTHORIZED	State State C'X" BOX FOR 7 Cluss/Series	Zip Zip	Street Address City Director Name Street Address City 10-SHARES ISSUED ISSUED SHARES — THIS SI Number of Shares	State State State CX BOX FOR ATTAC ECTION MUST BE COMPLETED	Zip Zip	



Under penalty of perjury, I declare and affirm that I have including any accompanying schedules and statements,	e examined this report, and that all statements
contained herein are true and correct.	+ 3/21/08
Signature Date	te
Teresa P. Correia	
Print or Type Name	
President	
Title F	orm 630 Rev. 12/06