

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 _____ 2007

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.I.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 law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 128689	2. Name of Corpora Tower 16, Inc	2. Name of Corporation Tower 16, Inc.				
3. Street Address Principal Business Office 415 A Pulaski Highway			^{City} Joppa	State MD	<i>Zip</i> 21085	
4. Business Phone No. 5. State of Incorpora (410) 679-9916 Maryland			tion			
6. Brief Description of the Characte Cellular Tower Constructi		in Rhode Island				
7. NAMES AND ADDRESSI President Name	S OF THE OFFICE	RS: ("X" BOX FOR A	TTACHMENT) TILL IN Vice President Name	SPACES BEFORE USIN	IG ATTACHMENTS	
Niaz Mian						
Street Address 2039 Rhode island Ave.			Street Address			
Gity McLean	State VA	^{Zip} 22101	City	State	Zip	
Secretary Name	L.Y.		Treasurer Name			
secretary name			11 .0).			
Street Address			Street Address		2008	
City	State	Zip	City	State	ZE 950	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR Director Name Niaz Mian			ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Street Address			Street Address		3 02	
2039 Rhode Island Ave					25 52	
City McLean Director Name	State VA	^{Zip} 22101	City: Director Name	State	^{Zip} 92	
Street Address			Street Address			
City	State	Zip	City.	State	ZIE .	
9. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR AT	TACHMENT)		 D <i>("X" BOX FOR ATTA</i> SECTION <u>MUST</u> BE COMPLET		
Number of Shares	Class/Series	Par Value	Number of Shares	Class Series	Par Salue 3	
100 Comm No Par Value			100	1	0 = 5	
					9 ON	
This report must be executed this report must be executed	d on behalf of the color of the	corporation by an authorporation by the recei	iver or trustee. Under penalty of including any ac	f perjury, I declare and affir	m that I have examined this report, statements, and that all statements	
File Date DEC Check No. By 5 By: FOR SECRETARY OF S	9 2008 		Signature Niaz Miar Print or Type Nan President		Date Date	
			Title		Form 630 Rev. 12/06	