

FOR SECRETARY OF STATE USE ONLY

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 \_\_2011
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. 7-1.2-1 subject to a penalty fee of \$25.00.	501(e), each corporation fa	tiling or refusing to file its ann	ual report within thirty (30) do	tys after the time prescribed by la	w (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 94525	2. Name of Corporation American Telecommunications Systems, Inc.				
3. Street Address Principal Business Office 4450 Belden Village St NW, Ste 602			City Canton	State OH	<i>Zip</i> 44718
4. Business Phone No. 5. State of Incorporation Ohio					1
6. Brief Description of the Character of Telecommunications Service		bode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name William G. Stathakaros			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  William G. Stathakaros		
Street Address 4450 Belden Village St NW, Ste 602			Street Address 4450 Belden Village St NW, Ste 602		
City Canton	State OH	<i>Zip</i> <b>44718</b>	City Canton	State OH	<sup>Zip</sup> 44718
Secretary Name William G. Stathakaros			Treasurer Name William G. Stathakaros		
Street Address 4450 Belden Village St NW, Ste 602			Street Address 4450 Belden Village St NW, Ste 602		
City Canton	State OH	Zip 44718	City Canton	State OH	Ζίρ 44718
8. NAMES AND ADDRESSES Director Name William G. Stathakaros	OF THE DIRECTOR	S: ("X" BOX FOR ATT	CACHMENT)  FILL IN  Director Name	N SPACES BEFORE USING	G ATTACHMENTS
Street Address 4450 Belden Village St NW, Ste 602			Street Address		
City Canton	State OH	<sup>Zip</sup> 44718	Cuy	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Vaiue
			500	Common	NPV
This report must be executed	on behalf of the corp	oration by an authorize	d representative. If the c	corporation is in the hands	s of a receiver or trustee,
this report must be executed o	n behalf of the corpo	oration by the receiver	or trustee.		
			Under nanalty of	perium I dealess and affirm.	that I have a warried this -
FILE	<u> </u>	1	including any acco	ompanying schedules and sta	that I have examined this report, atements, and that all statements
File Date FEB 11	2011		Jundle	re trie and correct.	2/9/11
Check No	ne)		Signature William G. S	 Stathakaros	Date
11/1/0			Print or Type Name		

President

Title