



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |  |   |                    |                     |
|--|--------------------|--|---|--------------------|---------------------|
| 1. Entity ID No.<br><b>000098476</b>   |                    | 2. Exact name of the Corporation<br><b>Main Street Telephone Company</b> |   |                    |                     |
| 3. Principal office address<br><b>PO Box 365</b>   |                    |  | City<br><b>Chester Heights</b>                                      | State<br><b>PA</b> | Zip<br><b>19017</b> |
| 4. Business Phone No.<br><b>610-941-4460</b>   |                    |  | 5. State of Incorporation<br><b>Delaware</b>                        |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Telecommunications - business operations ceased June 2011</b>            |                    |  |   |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |  |   |                    |                     |
| President Name<br><b>Frank Scardino</b>  |                    |  | Vice-President Name   |                    |                     |
| Street Address<br><b>PO Box 365</b>  |                    |  | Street Address  |                    |                     |
| City<br><b>Chester Heights</b>   | State<br><b>PA</b> | Zip<br><b>19017</b>  | City  | State              | Zip                 |
| Secretary Name   |                    |  | Treasurer Name  |                    |                     |
| Street Address   |                    |  | Street Address  |                    |                     |
| City   | State              | Zip  | City  | State              | Zip                 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |   |                    |                     |
| Director Name<br><b>None</b>   |                    |  | 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   |                    |  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                     |
| 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 VALUE           |
|  |                    |  | 100   | CNP                | 00                  |

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**AUG 20 2012**

**1486**

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative