



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Mathew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

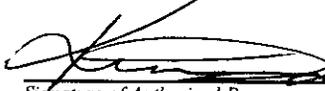
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 135642		2. Exact name of the limited liability company Inmate Calling Solutions	
3. State of Formation California		4. Brief description of the character of the business which is actually conducted in Rhode Island Inmate Telephone Service Provider	
5. Principal office address 5883 Rue Ferrari		City San Jose	State California
		Zip 95138	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Suzanne Haffner		Contact Title Director Business Development	
Street Address 5883 Rue Ferrari		City San Jose	State California
		Zip 95138	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Ken Dawson		• Manager Name Brendan Philbin	
Street Address 5883 Rue Ferrari		• Street Address 5883 Rue Ferrari	
City San Jose	State California	Zip 95138	• City San Jose
			• State California
			• Zip 95138
Manager Name Phil Apanovitch		• Manager Name John Mertz	
Street Address 5883 Rue Ferrari		• Street Address 5883 Rue Ferrari	
City San Jose	State California	Zip 95138	• City San Jose
			• State California
			• Zip 95138
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name National Registered Agebts, Inc.		Address 222 Jefferson Boulevard, Suite 200	
Address fg		City Warwick	Zip 02888

This report must be signed in ink by an authorized person pursuant to 7-16-66.

FILED	
File Date	JUL 27 2007
Check No.	
By:	By <u>6088</u>
FOR SECRETARY OF STATE USE ONLY	

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.

 7/3/07
Signature of Authorized Person Date
Ken Dawson
Print or Type Name of Authorized Person