



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3000

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 95309		2. Exact name of the limited liability company ABComm, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL OF COMMUNICATION PROPERTIES	
5. Principal office address 953 PUTNAM PIKE		City CHEPACHET	State RI
		Zip 02814	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BLANCHE E. GOLD		Contact Title	
Street Address 953 PUTNAM PIKE		City CHEPACHET	State RI
		Zip 02814	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name N/A		Manager Name N/A	
Street Address		Street Address	
City	State	Zip	City
Manager Name N/A		Manager Name N/A	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MICHAEL A. URSILLO, ESQ.		Address 2 WILLIAMS STREET	
Address		City PROVIDENCE	Zip 02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

Blanche E. Gold 9-12-07
Signature of Authorized Person Date
Blanche E. Gold
Print or Type Name of Authorized Person

FILED	
File Date	SEP 14 2007
Check No.	1964
By	By
FOR SECRETARY OF STATE USE ONLY	