



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
401.222.3040

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. 95834 58-2327133 | | 2. Exact name of the limited liability company Cox Rhode Island Telecom, LLC | |
| 3. State of Formation DE | | 4. Brief description of the character of the business which is actually conducted in Rhode Island CABLE Supplier | |
| 5. Principal office address 1400 LAKE HEARN DR. | | City ATLANTA | State GA |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name PRESTON B. BARNETT | | Contact Title VP & GEN. TAX COUNSEL | Zip 30319 |
| Street Address 6205 PEACHTREE DUNWOODY Rd. | | City ATLANTA | State GA |
| 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"/> | | City | State |
| Manager Name Cox Com, Inc. | | City | State |
| Street Address 1400 LAKE HEARN DR. | | City | State |
| City ATLANTA | State GA | Zip 30319 | Zip |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | Agent Name | |
| Agent Name Corporation Services Company | | Address | |
| Address 222 Jefferson Blvd., STE 200 | | City WARWICK | Zip 02888 |

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.

Preston B. Barnett
Signature of Authorized Person 9/10/07
Date

PRESTON B. BARNETT
VP & GEN. TAX COUNSEL
Print or Type Name of Authorized Person

| | |
|---------------------------------|--------------------|
| File Date | FILED |
| Check No. | SEP 18 2007 |
| By: | 580699 |
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