



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. <u>95834</u>		2. Exact name of the limited liability company <u>Cox Rhode Island Telecom, LLC</u>	
3. State of Formation <u>DE</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>CABLE Supplier</u>	
5. Principal office address <u>1400 LAKE HEARN DR.</u>		City <u>ATLANTA</u>	State <u>GA</u>
		Zip <u>30319</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>PRESTON B. BARNETT</u>		Contact Title <u>VP &amp; GEN. TAX COUNSEL</u>	
Street Address <u>6205 PEAKTREE DUNWOODY RD.</u>		City <u>ATLANTA</u>	State <u>GA</u>
		Zip <u>30328</u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <u>Cox Com, Inc.</u>		Manager Name	
Street Address <u>1400 LAKE HEARN DR.</u>		Street Address	
City <u>ATLANTA</u>	State <u>GA</u>	City	State
Zip <u>30319</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 <u>Corporation Services Company</u>		Address	
Address <u>222 Jefferson Blvd., STE 200</u>		City <u>WARWICK</u>	Zip <u>02888</u>

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

File Date	<b>FILED</b>
Check No.	<b>SEP 18 2007</b>
By:	<u>280699</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.

Preston B. Barnett 9/10/07  
Signature of Authorized Person Date  
**PRESTON B. BARNETT**  
Print or Type Name of Authorized Person  
**VP & GEN. TAX COUNSEL**