



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. 000155815		2. Exact name of the limited liability company SBC Long Distance, LLC	
3. State of Formation DE & VA		4. Brief description of the character of the business which is actually conducted in Rhode Island Provides interexchange telecommunications SVCS.	
5. Principal office address 5130 Hacienda Blvd.		City Dublin	State CA
		Zip 94568	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Clandia Mora		Contact Title Corp. Mgr. - Income Tax	
Street Address 175 E. Houston St., Rm. 8-D-05		City San Antonio	State TX
		Zip 78205	
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 Julie A. Arca		Manager Name Gary L. Long	
Street Address 5130 Hacienda Dr.		Street Address 1010 N. St. Mary's St.	
City Dublin	State CA	City San Antonio	State TX
Zip 94568		Zip 78215	
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 CT Corporation System		Address	
Address 10 Weybosset St.		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.

Signature of Authorized Person: Gary Ruzicka Date: 8/24/07
Print or Type Name of Authorized Person: Larry Ruzicka

FILED	
File Date	<u>OCT 01 2007</u>
Check No.	<u>31900-54102</u>
By:	
FOR SECRETARY OF STATE USE ONLY	