



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. 108805		2. Exact name of the limited liability company NEW CINGULAR WIRELESS PCS, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island PCS COMMUNICATIONS			
5. Principal office address 5565 GLENRIDGE CONNECTOR, SUITE 1725B		City ATLANTA	State GA	Zip 30342	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CAROLYN WILDER			Contact Title CORPORATE PARALEGAL		
Street Address 5565 GLENRIDGE CONNECTOR, SUITE 1725B		City ATLANTA	State GA	Zip 30342	
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 CINGULAR WIRELESS, LLC		Manager Name AT&T Mobility Corporation			
Street Address 5565 GLENRIDGE CONNECTOR, SUITE 1725B		Street Address 5565 Glenridge Connector, Suite 1725B			
City ATLANTA	State GA	Zip 30342	City Atlanta	State GA	Zip 30342
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	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 CORPORATION SERVICE COMPANY			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888	1	

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

108805

File Date	FILED
Check No.	OCT 22 2007
By:	100800016
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.

Carolyn J. Wilder 10/18/2007
Signature of Authorized Person Date
Carolyn Wilder
Print or Type Name of Authorized Person