



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 108925		2. Name of Corporation TRANS NATIONAL COMMUNICATIONS INTERNATIONAL, INC.			
3. Street Address Principal Business Office 2 Charlesgate West			City Boston	State MA	Zip 02215
4. Business Phone No. 617-369-1000		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island Provider of Telecommunication Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brian Twomey			Vice President Name NA		
Street Address 2 Charlesgate West			Street Address		
City Boston	State MA	Zip 02215	City	State	Zip
Secretary Name Marcy Raskind			Treasurer Name William B. Weidlein		
Street Address 2 Charlesgate West			Street Address 2 Charlesgate West		
City Boston	State MA	Zip 02215	City Boston	State MA	Zip 02215
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joan Belkin			Director Name William B. Weidlein		
Street Address 2 Charlesgate West			Street Address 2 Charlesgate West		
City Boston	State MA	Zip 02215	City Boston	State MA	Zip 02215
Director Name Steven B. Belkin			Director Name		
Street Address 2 Charlesgate West			Street Address		
City Boston	State MA	Zip 02215	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	Common	.01	4,473	Common A	.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

<b>FILED</b>
File Date <b>MAR 04 2008</b>
Check No. _____
By: <b>027433 KM</b>
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.

*Pamela J. Hesse* 2/26/08  
Signature Date  
**Pamela J. Hesse**  
Print or Type Name  
**Controller**  
Title