



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. 163346		2. Name of Corporation APPLEWOOD COMMUNICATIONS CORPORATION			
3. Street Address Principal Business Office 424 Madison Ave, Ste. 800			City NEW YORK	State NY	Zip 10017
4. Business Phone No. 646.291.2446		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island RESALE TELECOMMUNICATIONS SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name COURTLANDT G. MILLER			Vice President Name N/A		
Street Address 424 Madison Ave, Ste. 800			Street Address		
City New York	State NY	Zip 10017	City	State	Zip
Secretary Name COURTLANDT G. MILLER			Treasurer Name N/A		
Street Address 424 Madison Avenue, Suite 800			Street Address		
City NEW YORK	State NY	Zip 10017	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name COURTLANDT G. MILLER			Director Name		
Street Address 424 Madison Ave, Ste. 800			Street Address		
City NEW YORK	State NY	Zip 10017	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
2500	COMMONSTOCK	\$0.00	0	N/A	0

RECEIVED DATE
 SECRETARY OF STATE DIV
 2008 SEP 26 PM 12:20

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.

File Date _____
 Check No. _____
 By: _____
FILED
SEP 26 2008
 FOR SECRETARY OF STATE

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 _____ Date 9-8-08
 COURTLANDT G. MILLER
 Print or Type Name
 PRESIDENT
 Title