RI SOS Filing Number: 200836280700 Date: 09/30/2008 4:00 PM

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 2008

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.	2. Exact name of the limited liability company
157612	Advanced Telecom Construction Co., LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
NH	Telecommunications construction

5. Principal office address	City	State	Zip
205 Hubbard Pond Road	New Ipswich	NH	03071

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Patricia A Burk	Office Manager

Street Address	City	State	Zip
205 Hubbard Pond Road	New Ipswich	NH	03071

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) ☐

Manager Name	Street Address	City	State	Zip
Michael Kinsinger	205 Hubbard Pond Road	New Ipswich	NH	03071
David Rapa	5 Dulcies Point Road	Kingston	NH	03848

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
George Nabb	14 Jennifer Court	Narragansett	02882

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

157612

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.

Patricia A Burk 10/6/08
Signature of Authorized Person *Date*

Patricia A Burk
Print or Type Name of Authorized Person

File Date FILED
Check No. SEP 30 2008
By: By 21402
FOR SECRETARY OF STATE USE ONLY

26925-17-290191

Form 632 Rev. 07/07