| DH M  |   |  |  |  |
|---|---|--|--|--|
| RA Q  | State of Rhode Island an<br>Office of the Se  |  |  | <b>NS</b> Fee: \$50  |
| Georgenary of St  | -   |  |  |  |
| imited Liabilit   | y Company   |  |  |  |
| Annual Report   | mbord Novemberd   |  |  |  |
|   | ember 1 - November 1  |  |  |  |
|   | R.I.G.L. 7-16-66(d), each limited liabilit<br>within thirty (30) days after the time pr   |  |  | Ô  |
| -16-66(b&c)) is su  | bject to a penalty fee of \$25.00.  |  |  |  |
| ANNUAL REPORT   | YEAR: <u>2008</u>   |  |  |  |
| 1. ID No. <u>000</u>  | 098241  |  |  |  |
| 2. Exact Name o   | f the Limited Liability Company Co  | nversent Com   | munications, LI  | <u>LC</u>  |
| 3. State of Form  | ation   |  |  |  |
| State: <u>RI</u>  |   |  |  |  |
| 4. Brief Description  | on of the Character of the Business   | Which is Act   | ually Conducte   | d in Rhode Island  |
|   | on of the Character of the Business   |  | ually Conducte   | d in Rhode Island  |
|   | COMMUNICATIONS SERVICES   |  | ually Conducte   | d in Rhode Island  |
| PROVIDE TELE  | COMMUNICATIONS SERVICES   |  | ually Conducter  | d in Rhode Island<br>Country: <u>USA</u>   |
| PROVIDE TELE<br>5. Principal Office<br>No. and Street:<br>City or Town:   | Address<br>220 BEAR HILL ROAD   | S<br>State: <u>MA</u>  | Zip: <u>02451</u>  | Country: <u>USA</u>  |
| PROVIDE TELE<br>5. Principal Office<br>No. and Street:<br>City or Town:<br>6. Mailing Addres  | COMMUNICATIONS SERVICES<br>Address<br>220 BEAR HILL ROAD<br>WALTHAM   | S<br>State: <u>MA</u>  | Zip: <u>02451</u>  | Country: <u>USA</u>  |
| PROVIDE TELE<br>5. Principal Office<br>No. and Street:<br>City or Town:<br>6. Mailing Addres<br>Contact Name: C<br>No. and Street:  | COMMUNICATIONS SERVICES<br>Address<br>220 BEAR HILL ROAD<br>WALTHAM<br>So of Limited Liability Company and<br>contact Title:<br>220 BEAR HILL ROAD  | <u>S</u><br>State: <u>MA</u><br>I Name or Titl                   | Zip: <u>02451</u><br>e of Contact Pe   | Country: <u>USA</u><br>erson:  |
| PROVIDE TELE<br>5. Principal Office<br>No. and Street:<br>City or Town:<br>6. Mailing Addres<br>Contact Name: C   | COMMUNICATIONS SERVICES<br>Address<br>220 BEAR HILL ROAD<br>WALTHAM<br>So of Limited Liability Company and  | S<br>State: <u>MA</u>  | Zip: <u>02451</u>  | Country: <u>USA</u>  |
| PROVIDE TELE<br>5. Principal Office<br>No. and Street:<br>City or Town:<br>6. Mailing Addres<br>Contact Name: C<br>No. and Street:<br>City or Town:   | ECOMMUNICATIONS SERVICES<br>Address<br><u>220 BEAR HILL ROAD</u><br><u>WALTHAM</u><br>So of Limited Liability Company and<br>contact Title:<br><u>220 BEAR HILL ROAD</u><br><u>WALTHAM</u><br>Iress of Each Manager of the Limite   | State: <u>MA</u><br>I Name or Titl<br>State: <u>MA</u>           | Zip: <u>02451</u><br>e of Contact Pe<br>Zip: <u>02451</u>  | Country: <u>USA</u><br>erson:<br>Country: <u>USA</u>   |
| PROVIDE TELE<br>5. Principal Office<br>No. and Street:<br>City or Town:<br>6. Mailing Addres<br>Contact Name: C<br>No. and Street:<br>City or Town:<br>7. Name and Add                            | ECOMMUNICATIONS SERVICES<br>Address<br><u>220 BEAR HILL ROAD</u><br><u>WALTHAM</u><br>So of Limited Liability Company and<br>contact Title:<br><u>220 BEAR HILL ROAD</u><br><u>WALTHAM</u><br>Iress of Each Manager of the Limite   | State: <u>MA</u><br>I Name or Titl<br>State: <u>MA</u>           | Zip: <u>02451</u><br>e of Contact Pe<br>Zip: <u>02451</u>  | Country: <u>USA</u><br>erson:<br>Country: <u>USA</u><br>licable.   |
| PROVIDE TELE<br>5. Principal Office<br>No. and Street:<br>City or Town:<br>6. Mailing Address<br>Contact Name: C<br>No. and Street:<br>City or Town:<br>7. Name and Add<br>DO NOT LIST N<br>Title | ECOMMUNICATIONS SERVICES         a Address         220 BEAR HILL ROAD<br>WALTHAM         ass of Limited Liability Company and<br>contact Title:         220 BEAR HILL ROAD<br>WALTHAM         Iress of Each Manager of the Limite<br>MEMBERS         Individual Name<br>First, Middle, Last, Suffix | State: <u>MA</u> I Name or Titl State: <u>MA</u> ed Liability Co | Zip: <u>02451</u><br>e of Contact Pe<br>Zip: <u>02451</u><br>ompany, if Appl<br>Addi<br>ress, City or Town, S                            | Country: <u>USA</u><br>erson:<br>Country: <u>USA</u><br>licable.   |
| PROVIDE TELE<br>5. Principal Office<br>No. and Street:<br>City or Town:<br>6. Mailing Addres<br>Contact Name: C<br>No. and Street:<br>City or Town:<br>7. Name and Add<br>DO NOT LIST N           | COMMUNICATIONS SERVICES<br>Address<br>220 BEAR HILL ROAD<br>WALTHAM<br>So of Limited Liability Company and<br>Contact Title:<br>220 BEAR HILL ROAD<br>WALTHAM<br>Iress of Each Manager of the Limited<br>MEMBERS<br>Individual Name   | State: <u>MA</u> I Name or Titl State: <u>MA</u> ed Liability Co | Zip: <u>02451</u><br>e of Contact Pe<br>Zip: <u>02451</u><br>ompany, if Appl<br>Addi<br>ress, City or Town, S                            | Country: <u>USA</u><br>erson:<br>Country: <u>USA</u><br>licable.<br>ress<br>State, Zip Code, Country<br>HILL ROAD                              |
| PROVIDE TELE<br>5. Principal Office<br>No. and Street:<br>City or Town:<br>6. Mailing Address<br>Contact Name: C<br>No. and Street:<br>City or Town:<br>7. Name and Add<br>DO NOT LIST N<br>Title | ECOMMUNICATIONS SERVICES         a Address         220 BEAR HILL ROAD<br>WALTHAM         ass of Limited Liability Company and<br>contact Title:         220 BEAR HILL ROAD<br>WALTHAM         Iress of Each Manager of the Limite<br>MEMBERS         Individual Name<br>First, Middle, Last, Suffix | State: <u>MA</u> I Name or Titl State: <u>MA</u> ed Liability Co | Zip: <u>02451</u><br>e of Contact Pe<br>Zip: <u>02451</u><br>ompany, if Appl<br>Addi<br>ress, City or Town, S<br>220 BEAR<br>WALTHAM, M. | Country: <u>USA</u><br>erson:<br>Country: <u>USA</u><br>licable.<br>ress<br>State, Zip Code, Country<br>.HILL ROAD<br>A 02451 USA<br>HILL ROAD |

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

NATIONAL REGISTERED AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888-

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

**Signed this 30 Day of October, 2008 at 4:37:41 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By <u>STEPHANIE BERGERON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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