



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.

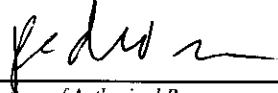
1. ID No. 164967		2. Exact name of the limited liability company SOSATEL, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CELL PHONE			
5. Principal office address 1093 BROAD STREET		City PROVIDENCE	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PEDRO A. SOSA			Contact Title MANAGER		
Street Address 1093 BROAD STREET		City PROVIDENCE	State RI	Zip 02905	
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 PEDRO A. SOSA			Manager Name		
Street Address 1093 BROAD STREET			Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State	Zip
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 TAXPLUS			Address		
Address 112 RESERVOIR AVENUE			City PROVIDENCE, RI	Zip 02907	

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

164967

FILED	
File Date	NOV 03 2008
Check No.	
By: 1121	
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.


Signature of Authorized Person Date
PEDRO A. SOSA
Print or Type Name of Authorized Person