



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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 98037		2. Exact name of the limited liability company VERIZON BUSINESS PURCHASING LLC			
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island EQUIPMENT PROCUREMENT			
5. Principal office address ONE VERIZON WAY		City BASKING RIDGE	State NJ	Zip 07920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KATHLEEN METZGER			Contact Title VICE PRESIDENT - TAXES		
Street Address One Verizon Way, VC53N149		City Basking Ridge	State NJ	Zip 07920	
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 Verizon Business Network Services, Inc			Manager Name MCI Communication Services, Inc		
Street Address One Verizon Way			Street Address One Verizon Way		
City Basking Ridge	State NJ	Zip 07920	City Basking Ridge	State NJ	Zip 07920
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

98037

File Date	FILED
Check No.	NOV 03 2008
By:	By 1000515477
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
Kathleen Metzger
Date
10/29/08
Print or Type Name of Authorized Person