

A. Ralpb 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 (here)) is subject to a penalty fee of \$25.00.

1. ID No.	. ID No. 2. Exact name of the limited liability company						
157230	I	ic Wireless Investment Company					
3. State of Formation 4. Brief description of the character of the hisiness TO OPERATE COMMUNICATION							
5. Principal office address 4 RICHMOND SQUARE, SUITE 330			PROVIDENCE	State RI	^{Zij} , 02906		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM Contact Name CHARLES C. TOWNSEND				NAME OR TITLE OF CONTACT Contact Title			
Street Address 4 RICHMOND SQUARE, SUITE 330			PROVIDENCE	State RI	^{24p} 02906		
7. NAME AND A	DDRESS OF		GER OF THE LIMITED SPACES BEFORE USING	LIABILITY COMPANY, IF APP G ATTACHMENTS ("X" BOX FO	LICABLE - DO NO T DR ATTACHMENT)		
Manager Name CHARLES C. TOWNSEND				Manager Name	Manager Nume		
Street Address 4 RICHMOND SQUARE, SUITE 330				Stroot Address	Stroet Address		
сиу		State	Zip	Сиу	State	Zip	
PROVIDENCE RI 02906 Manager Name				Manager Name	Manuger Name		
Street Address				Street Address	Street Address		
City		State	Zψ	СИУ	State	Zip	
8. RESIDENT A			Office of the Secretary o	: f State. Changes require filing of I	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).

157230

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.

THE Date 2-6-09 | 60:2 Hd S-8316007 | 100 S Hd S-83

Cr pums,

13/07.

Signature of Authorized Person

Date

CHARLES C. TOWNSEND, MANAGER

Print or Type Name of Authorized Person