

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 2009

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))							
142253	Navigator Te	a name of the limited liability company gator Telecommunications, LLC.					
3. State of Formation AR 4. Brief description of the character of the busin Telecommunications Provider - L			of the business t vider - Loca	ess which is actually conducted in Rhode Island ocal and Long Distance Provider			
5. Principal office address 8525 Riverwood Park Drive, P.O. Box 13860				North Little Rock	State A D	Ζιρ 72113-0860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N. Contact Name Michael McAlister Street Address				AME OR TITLE OF CONTACT PERSON: Contact Title General Counsel and Director of Regulatory Affairs			
8525 Riverwood Park Drive, P.O. Box 13860				City North Little Rock	State AR	72113-0860	
7. NAME AND ADD Manager Name	RESS OF EACH M	MANAGER OF THE LIM L IN SPACES BEFORE	MITED LIAI USING AT	:	ICABLE - DO NOT R ATTACHMENT)	LIST MEMBERS	
Dennis Ferra - CEO				Manager Name Louis F. McAlister - President			
Street Address 8525 Riverwood P	ark Drive, P.O.	Box 13860		Street Address 8525 Riverwood Park	Drive, P.O. Box 13	3860	
City North Little Rock Manager Name	State AR	72113-0	860	City North Little Rock	State	Zip 72113-0860	
David Stotelmyer	- CFO			Manager Name Kenrick LeDoux - VP [Engineering and C		
8525 Riverwood Park Drive, P.O. Box 13860				Street Address 8525 Riverwood Park Drive, P.O. Box 13860			
City: North Little Rock	State AR	Ζίρ 72113-0)860	City North Little Rock	State AR	Zip 72113-0860	
8. RESIDENT AGENT This information is cur	TEN RHODE ISLA Trently of record in	AND the Office of the Secret	tary of State	. Changes require filing of Fo	(42 D.L.G.)	ı	

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

	142253			
	FILED			
File Date Check No	SEP 1 5 2009			
By:FOR SE	CRETARY 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 Perso

David Stotelmyer

Print or Type Name of Authorized Person