



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 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

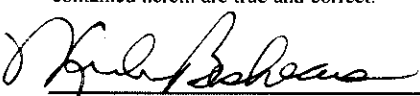
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 148153		2. Exact name of the limited liability company STC FIVE, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island TELECOMMUNICATIONS			
5. Principal office address 6500 SPRINT PARKWAY		City OVERLAND PARK		State KS	Zip 66251
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name TERRENCE D. FREDERICK			Contact Title DIRECTOR - STATE & LOCAL TAX		
Street Address 6500 SPRINT PKWY, HL-5ASTX		City OVERLAND PARK		State KS	Zip 66251
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) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 CORPORATION SERVICE COMPANY			Address		
Address 222 JEFERSON BLVD., SUITE 200		City WARWICK, RHODE ISLAND		Zip 02888	

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

148153

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.

 10.01.2009
Signature of Authorized Person Date

MARK V. BESHEARS

Print or Type Name of Authorized Person

File Date	10-5-09
Check No.	11116117
By:	MNC
FOR SECRETARY OF STATE USE ONLY	