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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* • **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.	2. Exact name of the limited liability company		
310198	METROPCS MASSACHUSETTS, LLC.		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
DELAWARE	WIRELESS TELECOMMUNICATION		
5. Principal office address	City	State	Zip
2250 LAKESIDE BLVD. - TAX DEPT.	RICHARDSON	TX	75082-4304

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
CHRISTOPHER M. MILLER	DIR. OF TAX / ASST. SECRETARY		
Street Address	City	State	Zip
2250 LAKESIDE BLVD. - TAX DEPT.	RICHARDSON	TX	75082-4304

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			Manager Name		
ROGER D. LINQUIST					
Street Address			Street Address		
2250 LAKESIDE BLVD.					
City	State	Zip	City	State	Zip
RICHARDSON	TX	75082-4304			
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).

310198

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.

Chris Miller 9/27/09
Signature of Authorized Person *Date*

CHRISTOPHER M. MILLER
Print or Type Name of Authorized Person

File Date 10-5-09
Check No. 47095587
By: MNC

FOR SECRETARY OF STATE USE ONLY
38874-63-436579

Form 632 Rev. 08/08