RI SOS Filing Number: 200955040470 Date: 11/16/2009 4:00 PM

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 · **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.	2. Exact name of the limited liability company
000114243	LCR Telecommunications, LLC
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
MI	Telecommunications

5. Principal office address	City	State	Zip
300 Maple Park Blvd., Suite 301 (BOSS)	St. Clair Shores	MI	48081-2217

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

Contact Name	Contact Title
Lisa Brown	Account Manager

Street Address	City	State	Zip
450 Old Peachtree Road NW	Suwanee	GA	30024-7289

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENT (X BOX FOR ATTACHMENT)

Manager Name	Street Address	City	State	Zip
Martin J. Tibbitts	300 Maple Park Blvd., Suite 301 (BOSS)	St. Clair Shores	MI	48081-2217
Loren J. Tibbitts	300 Maple Park Blvd., Suite 301 (BOSS)	St. Clair Shores	MI	48081-2217

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Change require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
Incorp Services, Inc.	222 Jefferson Blvd., Suite 200	Warwick	02888-0000

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

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, included any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person — *Date* 10/8/2009

[redacted]

Print or Type Name of Authorized Person

File Date FILED
Check No.
NOV 16 2009
By:
By
FOR SECRETARY OF STATE USE ONLY

40249-15-456264