RI SOS Filing Number: 200955420560 Date: 12/09/2009 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 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*
139692	Entercom Providence, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
Delaware	Radio broadcasting

5. Principal office address	*City*	*State*	*Zip*
401 City Avenue, Suite 809	Bala Cynwyd	PA	19004

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

Contact Name	*Contact Title*
Andrea Levenson	Paralegal

Street Address	*City*	*State*	*Zip*
401 City Avenue, Suite 809	Bala Cynwyd	PA	19004

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	*Street Address*	*City*	*State*	*Zip*
Manager Name	*Street Address*	*City*	*State*	*Zip*
Manager Name	*Street Address*	*City*	*State*	*Zip*
Manager Name	*Street Address*	*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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 DEC -9 AM 10:37

FILED
DEC 09 2009

29-105697

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 including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Eugene D. Levin 12/4/09
Signature of Authorized Person *Date*

Eugene D. Levin, VP, Treasurer and Chf Actg Off
Print or Type Name of Authorized Person

[redacted]

File Date _____

Check No. _____

By: 41457-2-451951

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08