RI SOS Filing Number: 200955420830 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
Corporations Divis.
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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	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

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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

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]

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

12/7/09

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: 41457-3-451952

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08