

A. Ralph Mollis. Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-1.2-1801(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1801(c) di) is subject to a penalty fee of \$25,00. L. Corporate ID No. 2 Name of Corporation 108925 Trans National Communications International, Inc. 1 Street Address Principal Business Office Zιp 2 Charlesgate West N/A Boston MA 02215 5. State of Incorporation 617-369-1000 DΕ Brief Description of the Character of Business Conducted in Rhode Island Provider of telecommunication services President Name Vice President Name Brian Twomey : N/A Street Address Street Address 2 Charlesgate West N/A 2 Charlesgate West N/A State Ziji City State Zip Boston]MA 02215 Boston MA 02215 Treasurer Name Marcy Raskind William B. Weidlein Street Address Street Address 2 Charlesgate West N/A 2 Charlesgate West N/A State ZipCity State **Boston** lΜA 02215 Boston MA 02215 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Joan Belkin William B. Weidlein Street Address Street Address 2 Charlesgate West N/A 2 Charlesgate West N/A State Ziti Cit_1 State ZipBoston MA. 02215 Boston 02215 MA Director Name Steven B. Belkin Street Address Street Address 2 Charlesgate West N/A City State Zip City Zip **Boston** MA 02215 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10,000 ISSUED SHARES — THIS SECTION MUST BE COMPLETED This information is currently of record in the Office of the Secretary of Number of Shares Class/Series Par Value State. Changes require an additional filing. See Section 9 of 4.473 Common instruction sheet. 00.01

This report must be executed on behalf of the corporation this report must be executed on behalf of the corporation	by an authorized representative. If the corporation is in the by the receiver or trustee.	he hands of a receiver or trustee,
FILED File Date FEB 02 2011 Check No. By MMC By: 47402 FOR SECRETARY OF STATE USE ONLY	Under penalty of perjury, I declare and including any accompanying schedule contained herein are true and correct. Navy Raskind Print or Type Name Secretary Title	a affirm that I have examined this report, and statements and that all statements build but the statements. Form 630 Rev. 08/08