



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*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.*

**ANNUAL REPORT YEAR:** 2011

**1. ID No.** 000690473

**2. Exact Name of the Limited Liability Company** SmartResort Co., LLC

**3. State of Formation**

State: MS

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Telecommunications Service Provider

**5. Principal Office Address**

No. and Street: 5540 CENTERVIEW DRIVE SUITE 200

City or Town: RALEIGH

State: NC Zip: 27606 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MAX KIPFER Contact Title: MANAGER

No. and Street: 5540 CENTERVIEW DRIVE SUITE 200

City or Town: RALEIGH

State: NC Zip: 27606 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | MAX R KIPFER                                   | 5540 CENTERVIEW DRIVE SUITE 200<br>RALEIGH, NC 27606 USA   |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

INCORPORATING SERVICES LTD 222 JEFFERSON BOULEVARD WARWICK , RI 02888

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

**Signed this 3 Day of October, 2011 at 10:45:21 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MAX R. KIPFER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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