

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		ne of the limited liab	pility company	, , , , , , , , , , , , , , , , , , ,			
95309	ABCom	n, LLC					
3. State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rhod	le Island			
Rhode Island	Rental o	Rental of communications properties					
Principal office address 953 Putnam Pike			City Chepachet	State RI	Zip <b>02814</b>		
8. MAICING ADDRESS	OF LIBITED LIABILE	PAGE PANANCI	MALE OF BUILDING	PERSON:	The Marie Control		
Contact Name Blanche E. Gold			Contact Title	•			
Street Address 953 Putnam Pike			City Chepachet	State RI	Zip <b>02814</b>		
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTA	S (NAMES AND ADD CHMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - DO	NOTELIST MENDERS		
Manager Name N/A			Manager Name N/A				
Street Address			Street Address	, <u>, , , , , , , , , , , , , , , , , , </u>	-		
City	State	Zip	City	State	Zip		
Manager Name N/A	<b> </b>		Manager Name N/A				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
B. RESIDENT AGENT IN	RHOOF ISLAND				22		
			retary of State. Changes require		()		
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File Date Check No	Under penalty of perjury, I declare and affirm that I is this report, including any accompanying schedules and that all statements contained herein are true an	and statements,
By:	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012

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