



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**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. <u>000112344</u>		2. Exact name of the limited liability company <u>ComTech2 LLC</u>			
3. State of Formation <u>Delaware</u>		4. Brief description of the character of business conducted in Rhode Island <u>Reseller of long Distance Telecommunication</u>			
5. Principal office address <u>one Barnes Park South</u>		City <u>Wallingford</u>	State <u>CT</u>	Zip <u>06492</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Michael Brady</u>		Contact Title <u>EVP</u>			
Street Address <u>one Barnes Park South</u>		City <u>Wallingford</u>	State <u>CT</u>	Zip <u>06492</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>Richard Minervino, Sr.</u>		Manager Name			
Street Address <u>one Barnes Park South</u>		Street Address			
City <u>Wallingford</u>	State <u>CT</u>	Zip <u>06492</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 Form 642.					

**FILED**  
**OCT 12 2012**  
 BY 302575

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

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.

Richard Minervino, Sr. 10-9-12  
 Signature of Authorized Person Date  
Richard Minervino, Sr.  
 Print or Type Name of Authorized Person