



**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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.  32081		2. Exact name of the Corporation  COMCAST MO FINANCIAL SERVICES, INC.			
3. Principal office address 1701 JOHN F KENNEDY BLVD		City PHILADLEPHIA	State PA	Zip 19103-2838	
4. Business Phone No. 215-286-7557		5. State of Incorporation COLORADO			
6. Brief description of the character of business conducted in Rhode Island  COMMUNICATIONS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name BRIAN L ROBERTS			Vice-President Name THOMAS J DONNELLY		
Street Address 1701 JOHN F KENNEDY BLVD			Street Address 1701 JOHN F KENNEDY BLVD		
City PHILADELPHIA	State PA	Zip 19103-2838	City PHILADELPHIA	State PA	Zip 19103-2838
Secretary Name ARTHUR R BLOCK			Treasurer Name WILLIAM E DORDELMAN		
Street Address 1701 JOHN F KENNEDY BLVD			Street Address 1701 JOHN F KENNEDY BLVD		
City PHILADELPHIA	State PA	Zip 19103-2838	City PHILADELPHIA	State PA	Zip 19103-2838
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ARTHUR R BLOCK			Director Name		
Street Address 1701 JOHN F KENNEDY BLVD			Street Address		
City PHILADELPHIA	State PA	Zip 19103-2838	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1.00	COMMON	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

FILED

FEB 21 2013

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.

Signature of Authorized Representative

Date

THOMAS J DONNELLY, VICE PRESIDENT

Print or Type Name of Authorized Representative