



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.

Thomas J Donnelly 2-12-13
Signature of Authorized Representative Date

THOMAS J DONNELLY, VICE PRESIDENT

Print or Type Name of Authorized Representative

BY 309825765