

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

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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. | | 2. Exact name of the limited liability company STAR WIRELESS RI LLC | | | | |
|--------------------------------------------------------|--------------------|-----------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------|--|
| 1 351041 | | | | | | |
| 3. State of Formation | 1 | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| RI | CELL PH | IONE RETAILE | R | | | |
| 5. Principal office address 45 OLNEYVILLE SQ | | | PROVIDENCE | State RI | Zip 02909 | |
| | IMITED LIABILIT | TY COMPANY AND | NAME OR TITLE OF CONTACT PE | RSON: | | |
| Contact Name VIVIAN SARIM | | | Contact Title ACCOUNTANT | | | |
| Street Address C/O 6845 GREENFIELD RD STE 100 | | | City DETRO!T | State MI | Zip 48228 | |
| 7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM | IAMES AND ADD | RESSES) OF THE | LIMITED LIABILITY COMPANY, IF | APPLICABLE - <u>Do</u> | NOT LIST MEMBERS | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 8. RESIDENT AGENT IN RH | ODE ISLAND | | | | | |
| This information is currently | y of record in the | Office of the Secr | etary of State. Changes require fil | ng Form 642. | 2013 | |
| | B y (| FILED JUN 14 20 | 13 | | JUN 14 AM 11:50 | |
| File Date Check No By: FOR SECRETARY OF STA | | 29199 <u>.</u> | and that all statement TAX | ny accompanying s CORP A Ismail CPA, P Sentield Rd Ste MJ 48228 | irm that I have examined schedules and statements, retrul and correct. | |

Form No. 632 Revised: 01/2012