



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 **2011**

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. 551041		2. Exact name of the limited liability company STAR WIRELESS RI LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island CELL PHONE RETAILER			
5. Principal office address 45 OLNEYVILLE SQ		City PROVIDENCE		State RI	Zip 02909
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name VIVIAN SARIM		Contact Title ACCOUNTANT			
Street Address C/O 6845 GREENFIELD RD STE 100		City DETROIT		State MI	Zip 48228
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		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 RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

JUN 14 2013

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SECRETARY OF STATE
CORPORATIONS DIV

BY *[Signature]*
29-199331

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.

Signature of **Wahab A. Ismail CPA, P.C.** Date _____
6845 Greenfield Rd Ste 100
Detroit MI 48228
Print or Type Name of Authorized Person _____