RALPH MOIL Sta	ate of Rhode Island and Pro Office of the Secreta		ns Fee: \$50.00
Secretary of State	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 14-2615	
Limited Liability Comp Annual Report Filing Period: September 1 -	-		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2013			
1. ID No. <u>000578396</u>			
2. Exact Name of the Limited Liability Company Advanced Mobile Solutions LLC			
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
CELLULAR RETAIL STORES			
5. Principal Office Address			
No. and Street:653A KILLINGLY STREETCity or Town:JOHNSTONState: RIZip: 02919Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name:HAGOP JEHOURIAN Contact Title:No. and Street:38 CHELSEA DRIVECity or Town:SEEKONKSEEKONKState: MAZip:02771Country:USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Add	
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
HAGOP JEHOURIAN 653A KILLINGLY STREET JOHNSTON, RI 02919			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

Signed this 3 Day of November, 2013 at 5:51:51 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>HAGOP JEHOURIAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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