

## 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 2014

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.

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  JOSEPH A ACCETTA  City  Street Address  153 JAMES P MURPHY HIGHWAY  City  WEST WARWICK  R.I.  Zip  0289:  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST M  Manager Name  Manager Name  Street Address  City  State  Zip  Manager Name  Street Address  Street Address  City  State  Zip	1. Entity ID No. 000529246	2. Exact na	ame of the limited liab -PHONE WIRELI	ility company ESS, LLC			
153 JAMES P MURPHY HIGHWAY, SUITE H  WEST WARWICK R.I.  210 02893  6. MARLING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  JOSEPH A ACCETTA  City WEST WARWICK R.I.  Zip 02893  City WEST WARWICK R.I.  Zip 02893  Zip 02893	R.I.	SALES,	SALES, SERVICE & INSTALLATION OF MOBILE RADIO SYSTEMS & LAW				
Contact Title    Contact Title	153 JAMES P MURPHY HIGHWAY, SUITE H			WEST WARWICK	R.I.	Zip <b>02893</b>	
Contact Tritle  Contact Tritle  Contact Tritle  Contact Tritle  Contact Tritle  City  WEST WARWICK R.I.  Zip 02893  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST M  Manager Name  Manager Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Manager Name  Street Address  Street Address  Street Address  Street Address  City  State  Zip  Manager Name  Street Address  City  State  Zip	6. MAILING ADDRESS OF L	MITTED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:	<del></del>	
153 JAMES P MURPHY HIGHWAY  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST M  ("X" BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  City  State  Zip  City  State  Zip  Manager Name  Street Address  Street Address  Street Address  Street Address	JOSEPH A ACCETTA						
Manager Name  Street Address  Street Address  City  State  Zip  City  Manager Name  Manager Name  Street Address  Street Address  City  State  Zip  L RESIDENT AGENT IN RHODE ISLAND	153 JAMES P MURPHY HIGHWAY			WEST WARWICK	R.I.	02893	
Street Address  Street Address  City State Zip City Manager Name  Manager Name  Street Address  Street Address  City State Zip City State Zip City State Zip City State Zip L RESIDENT AGENT IN RHODE ISLAND	7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	AMES AND AD	DRESSES) OF THE L	MITTED LIABILITY COMPANY, IF AP	PLICABLE - DO	NOT LIST MEMBERS	
City State Zip City State Zip  Manager Name Manager Name  Street Address  Street Address  City State Zip  City State Zip  L RESIDENT AGENT IN RHODE ISLAND	lanager Name			Manager Name			
Manager Name  Manager Name  Street Address  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  L RESIDENT AGENT IN RHODE ISLAND	Street Address		<del></del>	Street Address			
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City State Zip City State Zip  L RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name			
L RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address			
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	RESIDENT ACENT IN DUC	VOE IOLAND					
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	nis information is currently	of record in the	Office of the Secre	tary of State. Changes require filing	Form 642.		

SEP 2 2 2014

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. 09/19/2014 Signature of Authorized Person Date Joseph A. Accetta

Print or Type Name of Authorized Person

File Date Check No \_ FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012