



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 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.

1. Entity ID No. 101368		2. Exact name of the limited liability company MCImetro Access Transmission Services LLC			
3. State of Formation Delaware		4. Brief description of the character of business conducted in Rhode Island Telecommunications			
5. Principal office address One Verizon Way		City Basking Ridge	State NJ	Zip 07920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul L Mattiola		Contact Title Vice President - Taxes			
Street Address One Verizon Way		City Basking Ridge	State NJ	Zip 07920	
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	Str	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.					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2015 MAR 12 PM 4:26

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BY CR-244529

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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] December 4, 2014
 Signature of Authorized Person Date

Paul L Mattiola
 Print or Type Name of Authorized Person

File Date _____
 Check No _____
 By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 632
 Revised: 01/2012