



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. 000161441		2. Exact name of the limited liability company Mobilitie, LLC	
3. State of Formation Nevada		4. Brief description of the character of business conducted in Rhode Island telecommunications services provider	
5. Principal office address 2220 University Drive		City Newport Beach	State CA
		Zip 92660	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Chester Bragado		Contact Title Accounting Manager	
Street Address 2220 University Drive		City Newport Beach	State CA
		Zip 92660	
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 Christos Karmis		Manager Name Gary Jabara	
Street Address 2220 University Drive		Street Address 2220 University Drive	
City Newport Beach	State CA	City Newport Beach	State CA
Zip 92660		Zip 92660	
Manager Name Mark Askelson		Manager Name	
Street Address 2220 University Drive		Street Address	
City Newport Beach	State CA	City	State
Zip 92660		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

MAY 04 2015

By 248172
A.A. 9:02 A.M.

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 Authorized Person

Date

MARK D. ASKELSON
Print or Type Name of Authorized Person