



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 **2013**

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. CONTACT INFORMATION | | | | | |
| 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 | Zip 92660 | City Newport Beach | State CA | Zip 92660 |
| Manager Name Mark Askelson | | Manager Name | | | |
| Street Address 2220 University Drive | | Street Address | | | |
| City Newport Beach | State CA | Zip 92660 | 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. | | | | | |

SECRETARY OF STATE
 CORPORATIONS DIV.
 2015 MAY -4 AM 8:58

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MAY 04 2015

By 248172
A.A. 9:00 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] 4/27/15
 Signature of Authorized Person Date

MARK D. ASKELSON
 Print or Type Name of Authorized Person