

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.

1. Entity ID No.	2. Exact na	ame of the limited lial	bility company				
798434	Con	moex C	AN SULTWG LL	C			
3. State of Formation	4. Brief des	scription of the chara	cter of business conducted in Rhode Is	sland			
			will (crescal communication) system				
5. Principal office address しちち もいして	new al	ntue	City Normal)	State GA	300 9 L		
Contact Name Lew Fairley			Contact Title				
Street Address 655 Www.	ewe once	16	City Nor(10)	State	Zip 30091		
7. LIST ALL MANAGERS	NAMES AND AD	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	OF ICADE E. DO IN			
("X" BOX FOR ATTACH	MENT) ["]	기가 가장 중요 생기다		. However, and the			
("X" BOX FOR ATTACH Manager Name	MEKT)		Manager Name				
LA BOATUMALIAUM		<u>-</u>					
Manager Name	MENT)		Manager Name	State	Zip		
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Manager Name Street Address City Manager Name Street Address	OTATE -	<u> </u>	Manager Name Street Addres. City Manager Name				
Manager Name Street Address City Manager Name Street Address City L RESIDENT AGENT IN RE	State	Zip	Manager Name Street Addres. City Manager Name Street Address	State	Zip		

FILED

MAY 0 4 2015

File DateBY	Under penalty of perjury, I declare and affirm that I have this report, including any accompanying schedules are	d state	ments
Check No	and that all statements contained herein are true and	orrect.	15
By:	Signature of Authorzed Person	Date	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012