

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 2015

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.		ne of the limited liab				
634559	Citadel Communications, L.L.C.					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
Delaware	TV broadcasting company					
5. Principal office address 117 Pondfield Road			City Bronxville	State NY	Zip 10708	
6; NAILING ADDRÉSS O	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:		
Contact Name Philip J. Lombardo			Contact Title Managing Member			
Street Address 117 Pondfield Road			City Bronxville	State NY	Zip 10708	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip - 8	
Manager Name			Manager Name			
Street Address			Street Address 9			
City	State	Žip	City	State	Zip & TT	
8. RESIDENT AGENT IN F	RHODE ISLAND			Maria de la Maria del Maria de la Maria del Maria de la Maria del Maria de la Maria de la Maria de la Maria de la Maria del Maria de la Maria del Maria de la Maria del Mar		
	32		retary of State. Changes requi	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · ·	
File DateCheck No			this report, includi	ing any accompanying letts contained herein hand ized Person	firm that I have examined schedules and statements, are true and correct.	

Form No. 632 Revised: 01/2012

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