State of Rhode Island and Providence Plantations Fee: \$50 Office of the Secretary of State				
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040				
Limited Liability Com Annual Report Filing Period: September 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2015				
1. ID No. <u>000995265</u>				
2. Exact Name of the Limited Liability Company <u>Time Warner Cable Internet LLC</u>				
3. State of Formation				
State: <u>DE</u>				
4. Brief Description of th <u>Internet Services</u> 5. Principal Office Addre	e Character of the Business			
	<u>ORANGE STREET</u> <u>MINGTON</u>	State: <u>DE</u>	Zip: <u>19801</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
	^{Title:} DLUMBUS CIRCLE YORK	State: <u>NY</u>	Zip: <u>10023</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Addr	
	First, Middle, Last, Suffix	Add	ress, City or Town, S	tate, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 26 Day of October, 2015 at 12:25:56 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MEREDITH GARWOOD

Signature of Authorized Person

Form No. 632 Revised 09/07

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