



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 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. <u>000816628</u>		2. Exact name of the limited liability company <u>Last Mile Solutions, LLC</u>			
3. State of Formation <u>Delaware</u>		4. Brief description of the character of business conducted in Rhode Island <u>Dark Fiber Network</u>			
5. Principal office address <u>CAPITOL SERVICES 1675 S State St. Ste B</u>		City <u>DOVER</u>		State <u>DE</u>	Zip <u>19901</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name <u>Mark Langevin</u>		Contact Title <u>Managing Member</u>			
Street Address <u>25 Bowditch Drive</u>		City <u>Shrewsbury</u>		State <u>MA</u>	Zip <u>01545</u>
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 <u>Last Mile Solutions Irrevocable Trust-2012</u>		Manager Name			
Street Address <u>15 HALFREY ROAD</u>		Street Address			
City <u>Hubbardston</u>	State <u>MA</u>	Zip <u>01452</u>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					

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By 266020

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CORPORATIONS DIV
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File Date	
Check No	
By	
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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

Print or Type Name of Authorized Person