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.	2. Exact name of the limited liability company
000816628	Last Mile Solutions, LLC
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
Delaware	Dark Fiber Network

5. Principal office address	City	State	Zip
Capitol Services 1675 S State St. Ste B	Dover	DE	19901

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Mark Langevin	Managing Member		
Street Address	**City**	**State**	**Zip**
25 Bowditch Drive	Shrewsbury	MA	01545

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Last Mile Solutions Irrevocable Trust - 2012	15 Halfrey Road	Hubbardston	MA	01452
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip

2015 DEC 15 PM 1:31
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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.

2:27pm
FILED
JAN 25 2016
By 266020
KM

2016 JAN 25 PM 2:25
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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.

12-9-15
Signature of Authorized Person — Date

Mark Langevin
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012