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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 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 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: CAPITOL SERVICES 1675 S STATE ST STE B	City: DOVER	State: DE	Zip: 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: 25 Bowditch Drive	City: Shrewsbury	State: MA	Zip: 01545

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MORE THAN 2 MANAGERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Last Mile Solutions Irrevocable Family Trust-2012	
Street Address: 15 HALFREY ROAD	Street Address
City: Hubbardston State: MA Zip: 01452	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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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: 12-9-15

Mark Langevin
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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