



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. <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</u>		<u>1675 S STATE ST STE B</u>		City <u>DOVER</u>	State <u>DE</u>	Zip <u>19901</u>
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 Family 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.						

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
JAN 25 PM 2:25  
2015  
DEC 15 PM 1:31

2:26 pm  
FILED  
JAN 25 2016  
By 266020  
KM

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

Mark Langevin

Print or Type Name of Authorized Person

12-9-15