



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2005

**Filing Period: September 1 - November 1 • Filing Fee: \$50.00**

1. ID No. 130401		2. Exact name of the limited liability company Satellite Wireless Communications, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To Operate a Cell Telephone and Pager Store			
5. Principal office address 284 Garfield Ave		City Cranston	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Sean Senno			Contact Title Member		
Street Address 284 Garfield Ave		City Cranston	State RI	Zip 02920	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ALFRED A. RUSSO, JR. ESQ			Address		
Address 1405 PLAINFIELD ST		City JOHNSTON	Zip 02919		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

130401

RECEIVED  
CORPORATIONS DIV  
SECRETARY OF STATE  
2006 SEP 11 PM 1:02

File Date **FILED**  
Check No. **SEP 11 2006**  
By: AD 2015-787  
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.

Sean J. Senno 9-11-06  
Signature of Authorized Person Date  
Sean J. Senno  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>130401</b>		2. Exact name of the limited liability company <b>Satellite Wireless Communications, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>TO OPERATE A CELL TELEPHONE AND PAGER STORE</b>			
5. Principal office address <b>549 Armistice Boulevard</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Sean Senno</b>			Contact Title		
Street Address <b>549 Armistice Boulevard</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>ALFRED A. RUSSO, JR. ESQ.</b>			Address		
Address <b>1405 PLAINFIELD STREET</b>		City <b>JOHNSTON</b>	Zip <b>02919-</b>		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 3 0 4 0 1 \*

File Date	<b>9/17/04</b>
Check No.	<b>1467</b>
By:	<b>DA</b>
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.

*Sean Senno* **9/15/04**  
Signature of Authorized Person Date

**Sean Senno**  
Print or Type Name of Authorized Person