



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. ID No.** 000714744

**2. Exact Name of the Limited Liability Company** CapeNet LLC

**3. State of Formation**

State: MA

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code  54

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

OPERATE A FIBER OPTIC NETWORK IN SOUTHEASTERN MA, A LIMITED PORTION OF THE NETWORK BEING SITUATED IN RI.

**5. Principal Office Address**

No. and Street: 1900 WEST PARK DRIVE, SUITE 280

City or Town: WESTBOROUGH

State: MA Zip: 01581 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: SHARON LEVESQUE Contact Title: CFO

No. and Street: 1900 WEST PARK DRIVE, SUITE 280

City or Town: WESTBOROUGH

State: MA Zip: 01581 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ALAN S. DAVIS	1900 WEST PARK DRIVE, SUITE 280 WESTBOROUGH, MA 01581 USA

MANAGER

SHARON LEVESQUE

1900WEST PARK DRIVE, STE. 280  
WESTBOROUGH, MA 01581 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

PETER J. BARRETT EDWARDS WILDMAN PALMER LLP 2800 FINANCIAL PLAZA PROVIDENCE , RI  
02903

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

**Signed this 9 Day of September, 2016 at 10:33:51 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By SHARON LEVESQUE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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