^c	State of Rhode Island and Pro Office of the Secreta		S Fee: \$50.00
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
(401) 222-3040			
Limited Liability Con Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2016			
1. ID No. 000762568			
2. Exact Name of the Limited Liability Company XM Americas Management, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code		6	<u>54</u>
4. Brief Description of th	e Character of the Business Whicl	n is Actually Conducted	in Rhode Island
<u>CONSULTING</u>			
5. Principal Office Addre	ess		
No. and Street: 22 LONDON STREET			
	ST GREENWICH State:	<u>RI</u> Zip: <u>02818</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>MIKE LEVESQUE</u> Contact Title:			
	ONDON STREET		
City or Town: <u>EAS</u>	ST GREENWICH State:	<u>RI</u> Zip: <u>02818</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addre	SS
	First, Middle, Last, Suffix	Address, City or Town, Sta	te, Zip Code, Country
MANAGER	JON MICHAEL LEVESQUE	378 MAII EAST GREENWICH	N STREET , RI 02818 USA

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

J. MICHAEL LEVESQUE 378 MAIN STREET EAST GREENWICH , RI 02818

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

Signed this 20 Day of September, 2016 at 3:28:51 PM 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 J. MICHAEL LEVESQUE

Signature of Authorized Person

Form No. 632 Revised 09/07

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