



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | | | | | | | |
|---|--|---|--|--|--|-------------|--|--------------------|--|-----|--|
| 1. Entity ID Number 001658191 | | 2. Exact name of the Limited Liability Company Comcast Enterprise Services, LLC | | | | | | | | | |
| 3. NAICS Code 81 | | 4. Brief description of the character of business conducted in Rhode Island Communications | | | | | | | | | |
| 5. State of Formation Delaware | | | | | | | | | | | |
| 6. Principal Office Address 1701 John F Kennedy Blvd | | | | City Philadelphia | | State PA | | Zip 19103-2838 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | | | | | |
| Contact Name Jane Lee | | | | Contact Title Director, Sales & Local Tax | | | | | | | |
| Street Address 1701 John F Kennedy Blvd | | | | City Philadelphia | | State PA | | Zip 19103-2838 | | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | | | | | |
| Manager Name Jane Lee | | | | Manager Name | | | | | | | |
| Street Address 1701 John F. Kennedy Blvd | | | | Street Address | | | | | | | |
| City Philadelphia | | State PA | | Zip 19103 | | City | | State | | Zip | |
| Manager Name | | | | Manager Name | | | | | | | |
| Street Address | | | | Street Address | | | | | | | |
| City | | State | | Zip | | City | | State | | Zip | |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | | | | | | | |
| 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. | | | | | | | | | | | |
| Name of Authorized Person Thomas J Donnelly, Vice President | | | | | | | | Date 10/10/2016 | | | |
| Signature of Authorized Person | | | | | | | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
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OCT 17 2016

By 8677011
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