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 93050 | Exact name of the Limited Liability Company PayPhone LLC | | | | |
|---|--|-------------------------------------|---|--|-----------------------|
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | |
| 22 - Utilities | Provide pay phone service | | | | |
| 5. State of Formation | - | | | | |
| Colorado | | | | | |
| 6. Principal Office Address | | | City | State | Zip |
| 1 Woodbridge Lane | | | Attleboro | MA | 02703 |
| 7. Mailing Address of Limited L | | and Name or Ti | | <u> </u> | |
| Contact Name Kevin J. Greene | | | Contact Title Owner | | |
| Street Address c/o Judith P. Higgins, CPA 151 Putnam Pike | | City Johnston | State RI | ^{Zip} 02919 | |
| 8. List ALL managers (names | | of the Limited Lia | bility Company, IF APPLICA | BLE - DO NOT LIST I | MEMBERS |
| Manager Name Kevin J. Greene Manager Name | | | | | |
| Street Address 21 Woodbridge Lane | | | Street Address | | |
| City Attleboro | State MA | Zip 02703 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | 7 |
| | | | L | Check the box to in | ndicate an attachment |
| Resident Agent in Rhode Isla | and. This informati | on is currently of re | cord with the Department of St | ate. Changes require filin | g Form 642. |
| Under penalty of perjury, I de statements, and that all state | clare and affirn ments containe | that I have exa d herein are tru | mined this report, includir e and correct. | ng any accompanying | g schedules and |
| Name of Authorized Person | | | Date | | |
| Kevin J. Greene | | | 12/29/20 | o16, <\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| Signature of Authorized Person | Moder | , SYGN DO | CUMENT HERE | • | 2 |
| Man y 1 | /LXC/ | | <u> </u> | | <u> </u> |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

JAN 03 2017

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