Sta	ate of Rhode Island and P Office of the Secre		NS Fee: \$50.00
	Division Of Busine	ss Services	
	148 W. River		
	Providence RI 02		
HOPE	(401) 222-3	040	
_imited Liability Comp	any		
Annual Report			
Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability col thirty (30) days after the time pres enalty fee of \$25.00.		-
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>000109508</u>			
2. Exact Name of the Lim	ited Liability Company <u>NORT</u>	HSTAR COMMUNIC	ATIONS, LLC
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAICS of	codes, please select the code that	best describes your bus	iness.
	codes, please select the code that		
Using the following NAICS of NAICS Code	codes, please select the code that	best describes your bus	iness. <u>55</u>
NAICS Code	codes, please select the code that Character of the Business Whi	6	<u>55</u>
NAICS Code		6	<u>55</u>
NAICS Code 4. Brief Description of the	Character of the Business Whi	6	<u>55</u>
NAICS Code 4. Brief Description of the <u>TROUBLE SHOOTER/ C</u>	Character of the Business Whi	6	<u>55</u>
NAICS Code 4. Brief Description of the	Character of the Business Whi	6	<u>55</u>
NAICS Code 4. Brief Description of the TROUBLE SHOOTER/ (5. Principal Office Address	Character of the Business Whi	6	<u>55</u>
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CARMELO PICCIONE <u>31 LAWNDALE DRIVE</u> EAST GREENWICH, <u>RI</u> 02818

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

Signed this 4 Day of February, 2017 at 12:12:04 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 CARMELO PICCIONE

Signature of Authorized Person

Form No. 632 Revised 09/07

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