



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 22328		2. Exact name of the Corporation COMCAST MO INTERCONNECTS, INC.					
3. Principal Office Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR		City PHILADELPHIA		State PA	Zip 19103-2838		
4. NAICS Code 81	6. Brief description of the character of business conducted in Rhode Island COMMUNICATIONS						
5. State of Incorporation DELAWARE							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name NEIL SMIT			Vice-President Name THOMAS J DONNELLY				
Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR			Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR				
City PHILADELPHIA	State PA	Zip 19103-2838	City PHILADELPHIA	State PA	Zip 19103-2838		
Secretary Name DEREK H SQUIRE			Treasurer Name WILLIAM E DORDELMAN				
Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR			Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR				
City PHILADELPHIA	State PA	Zip 19103-2838	City PHILADELPHIA	State PA	Zip 19103-2838		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name ARTHUR R BLOCK			Director Name				
Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR			Street Address				
City PHILADELPHIA	State PA	Zip 19103-2838	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			1,000	COMMON	\$1.0000		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative THOMAS J DONNELLY, VICE PRESIDENT					Date 02/07/2017		
Signature of Authorized Representative <i>Thomas J Donnelly</i>							

FILED
FEB 17 2017
BY 9172027