

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 43903 2. Name of Corporation TCPL OSP Ltd.

3. Street Address Principal Business Office

City

State

Zip

4. Business Phone No.

5. State of Incorporation RHODE ISLAND

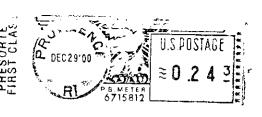
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHE President Name | | | RATTACHMENT) FILL IN SI Vice President Name | | | |
|--|-----------------|----------------------|--|-----------------------|-------------------|--|
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Secretary Name | | | Treasurer Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 9. NAMES AND ADD | RESSES OF THE I | DIRECTORS ("X" BOX F | OR ATTACHMENT) FILL IN Director Name | SPACES BEFORE USING A | ITACHMENTS | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Director Name | | | Director Name | | | |
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