S	tate of Rhode Island and Pro Office of the Secreta		
	Division Of Business		
	148 W. River St Providence RI 0290		
HOPE	(401) 222-304		
Limited Liability Com	nany		
Annual Report			
Filing Period: September 1 - November 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presci		
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>00166518</u>	<u>1</u>		
2. Exact Name of the Limited Liability Company <u>SAC Wireless, LLC</u>			
3. State of Formation			
State: <u>OK</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>237130</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Island	
CONSTRUCTION SERVICES TO WIRELESS TELECOMMUNICATION CARRIERS			
5. Principal Office Addre	SS		
No. and Street: 540 W MADISON STREET, 16TH FLOOR			
City or Town: CHICAGO State: IL Zip: 60661 Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	A BROWN Contact Title: SR. LEGA		
No. and Street: <u>540 W M</u> City or Town: <u>CHICAC</u>	<u>1ADISON STREET, 16TH FLOO 50</u>	<u>DR</u> State: IL Zip: <u>60661</u> Country: <u>US</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
MANAGER	BILL KOZIEL	540 W MADISON STREET, 16TH FLOOR CHICAGO, IL 60661 USA	

RANDY STEINES

MANAGER

540 W MADISON STREET, 16TH FLOOR

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 11 Day of September, 2017 at 3:41:50 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 SHAWNA BROWN

Signature of Authorized Person

Form No. 632 Revised 09/07

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