°	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290 (401) 222 20	reet 14-2615	
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2017		
<b>1. ID No.</b> <u>00166502</u>	6		
2. Exact Name of the Li	mited Liability Company <u>AT&amp;T E</u>	G Supply, LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		Download
<u>517410</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhod	le Island
<u>SHELL COMPANY - I</u> <u>DIRECTV U.S.</u>	DIRECT-TO-HOME SATELLITE	EQUIPMENT INSTALLATIO	<u>N FOR</u>
5. Principal Office Addre	ess		
	E. IMPERIAL HIGHWAY EGUNDO S	tate: <u>CA</u> Zip: <u>90245</u> Count	ry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact	Title:		
	E. IMPERIAL HIGHWAY		
City or Town: <u>EL SE</u>	GUNDO Sta	ate: <u>CA</u> Zip: <u>90245</u> Count	iry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Coo	le, Country
MANAGER	RAY R CARPENTER	2260 E. IMPERIAL HIGHWAY EL SEGUNDO, CA 90245 USA	

MANAGER
---------

JAMES MEZA, III

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

**Signed this 6 Day of October, 2017 at 11:53:45 AM 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 KELLY LETTMANN

Signature of Authorized Person

Form No. 632 Revised 09/07

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