S	tate of Rhode Island and Pro Office of the Secreta	
	Division Of Business	
	148 W. River St Providence RI 0290	
HORE	(401) 222-304	
TOPE	, , , , , , , , , , , , , , , , , , ,	
Limited Liability Com Annual Report Filing Period: September 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time presci penalty fee of \$25.00.	
ANNUAL REPORT YEAR:	2017	
1. ID No. <u>000789763</u>		
2. Exact Name of the Limited Liability Company <u>VERIZON AND REDBOX DIGITAL</u> <u>ENTERTAINMENT SERVICES, LLC</u>		
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	business conducted by the entity. Download online.
<u>532230</u>		
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Island
DVD RENTAL KIOSK	<u>S</u>	
5. Principal Office Addre	SS	
No. and Street: ON	E VERIZON WAY	
City or Town: <u>BAS</u>	SKING RIDGE State:	NJ Zip: <u>07920</u> Country: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact Person:
Contact Name: Contact		
	<u>VERIZON WAY</u> KING RIDGE State: N	I <u>J</u> Zip: 07920 Country: USA
	Each Manager of the Limited Liab	
Title	Individual Name	Address
MANAGER	First, Middle, Last, Suffix PAUL L. MATTIOLA	Address, City or Town, State, Zip Code, Country
WANAGER		ONE VERIZON WAY BASKING RIDGE, NJ 07920 USA

FREDERICK PAPPALARDO

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 10 Day of October, 2017 at 7:19:18 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 KELLY LETTMANN

Signature of Authorized Person

Form No. 632 Revised 09/07

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