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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 JAN 23 PM 12: 57

Fictitious Business Name Statement
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number 001675801	2. Exact Name of the Limited Liability Company Service Area 5 Cable, LLC	
3. The fictitious business name to be used is: Full Channel		
4. The limited liability company is organized under the laws of: Delaware		5. The date of formation is: 7/25/2017
6. Applicant is otherwise authorized to do business in the state of Rhode Island.		
<i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.</i>		
Name of Applicant Limited Liability Company Service Area 5 Cable, LLC		Date 1/22/2018
Signature of Authorized Person <i>[Handwritten Signature]</i>		

FILED 12:57

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 23 2018
 BY 322434

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.