RI SOS Filing Number: 201859286340 Date: 2/26/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2018

Corporation

→ Filing period January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

1. Entity ID Number		2 Exact name of the Corporation						
769084	CTITOW	ERS, INC.						
3. Principal Office Address			City		State	Zip		
1701 JOHN F KENNEDY BLVD, 32ND FLOOR			PHILADELF		PA	19103-2838		
4 NAICS Code 331316		Brief description of the character of business conducted in Rhode Island     COMMUNICATIONS						
5 State of Incorporation PENNSYLVANIA								
7 List ALL officers (names an	id addresses)		<u> </u>	Chec	ck the box to i	ndicate an attachment [		
President Name AMY L BANSE			Vice-President Name THOMAS J DONNELLY					
Street Address 1701 JOHN F F	Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR							
City PHILADELPHIA	State PA	Z <sub>1</sub> ρ <b>19103-2838</b>	City PHILADELPHIA		State PA			
Secretary Name CARRIE L LARSON			Treasurer Name WILLIAM E DORDELMAN					
Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR			Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR					
City PHILADELPHIA	State PA	Zip 19103-2838	City PHILADELPHIA		State PA			
8 List ALL directors (names a	and addresses)		<u> </u>	Chec	ck the box to i	indicate an attachment [		
Director Name ANTHONY F P	EDUTO		Director Name	LOUIS A TOTH				
Street Address 1701 JOHN F H	KENNEDY BLVD, 3	2ND FLOOR	Street Address	1701 JOHN F KE	NNEDY BLVI	D, 32ND FLOOR		
City PHILADELPHIA	State PA	Zip 19103-2838	City PHILADELPHIA		State PA	710		
Director Name DAVID ZILBER	MAN	<u> </u>	Director Name		1			
Street Address 1701 JOHN F H	(ENNEDY BLVD, 3	2ND FLOOR	Street Address	;				
City PHILADELPHIA	State PA	<sup>Zıp</sup> 19103-2838	City		State	Zip		
9. Shares Authorized		10 Shares Issue		Chec	ck the box to i	ndicate an attachment [		
This information is currently of Department of State.	record in the	NUMBER OF S	HARES	ES CLASSISER COMMON		\$0.0010		
Changes require an additional filing.		0		PWP		\$0.0010		
11. This report must be execu	iled on behalf of the		thorized reares		naration is in			
trustee, this report must be execut					poration is in i	the hands of a receiver o		
Under penalty of perjury, I o				ncluding any acco	ompanying s	chedules and		
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date			
THOMAS J DONNELLY, VICE PRESIDENT					02/20/2018			
Signature of Authorized Repre	esentative	SIGN DOG.	FIL	EU a /				
an I	Donelly	SIGN PCC.	CEN A					
MAIL TO:			TED Z	0 2018				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY\_1044.1409