



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 32081		2. Exact name of the Corporation COMCAST MO FINANCIAL SERVICES, INC.			
3. Principal Office Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR			City PHILADELPHIA	State PA	Zip 19103-2838
4. NAICS Code 331310		6. Brief description of the character of business conducted in Rhode Island COMMUNICATIONS			
5. State of Incorporation COLORADO					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRIAN ROBERTS			Vice-President Name THOMAS J DONNELLY		
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	Zip 19103-2838
Secretary Name DEREK H SQUIRE			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	Zip 19103-2838
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ARTHUR R BLOCK			Director Name		
Street Address 1701 JOHN F KENNEDY BLVD, 32ND FLOOR			Street Address		
City PHILADELPHIA	State PA	Zip 19103-2838	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS-SERIES		
			1.00	COMMON	NO PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative THOMAS J DONNELLY, VICE PRESIDENT					Date 02/20/2018
Signature of Authorized Representative <i>Thomas J Donnelly</i>					

FILED
FEB 26 2018
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