

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							
Entity ID Number		2. Exact name of the Corporation					
32081	COMCAS	COMCAST MO FINANCIAL SERVICES, INC.					
3. Principal Office Address			City		State	Zip	
1701 JOHN F KENNEDY BLVD, 32ND FLOOR			PHILADELF	PHIA	PA	19103-2838	
4 NAICS Code 33 13 16 5. State of Incorporation COLORADO	6. Brief descr COMMUNIC	ription of the characte	r of business c	conducted in Rhodo	Island		
7. List ALL officers (names an	d addresses)			Chec	k the box to	indicate an attachment	
President Name BRIAN ROBE	Check the box to indicate an attachment UVice-President Name THOMAS J DONNELLY						
Street Address 1701 JOHN F K	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	S:ate PA	^{Zip} 19103-2838	City PHILADELPHIA		Stale PA	Zip 19103-2838	
8 List ALL directors (names a	and addresses)		•		k the box to	indicate an attachment 🔲	
Director Name ARTHUR R BLG	оск		Director Name	•			
Street Address 1701 JOHN F K	Street Address						
Cily PHILADELPHIA	State PA	Z ₁ p 19103-2838	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
0100171001000			Sireer Address	,			
City	State	Zıp	City	-	State	Zip	
9 Shares Authorized		10 Shares Issue		Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF S	HARES	CLASS-SERIES		PAR VALUE	
		1.00		COMMON		NO PAR VALUE	
11. This report must be execut trustee, this report must be ex					poration is in	the hands of a receiver or	
Under penalty of perjury, I d	leclare and affirm t	hat I have examined	this report, ii		mpanying s	chedules and	
statements, and that all stat		herein are true and	correct.		ID-t-		
Name of Authorized Representative THOMAS J DONNELLY, VICE PRESIDENT					Date 02/20/2018		
Signature of Authorized Repro	esentative	b Section.	File	······································	1		
		~/ 	- 11171	 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

