



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 104105		2. Exact name of the limited liability company Conversent Communications of Rhode Island, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDE TELECOMMUNICATIONS SERVICES			
5. Principal office address 24 ALBION ROAD			City LINCOLN	State RI	Zip 02865-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID L. MAYER			Contact Title		
Street Address 24 ALBION ROAD			City LINCOLN	State RI	Zip 02865-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name CONVERSENT COMMUNICATIONS, LLC			*Manager Name		
Street Address 24 ALBION ROAD			*Street Address		
City LINCOLN	State RI	Zip 02865	*City	*State	*Zip
Manager Name			*Manager Name		
Street Address			*Street Address		
City	State	Zip	*City	*State	*Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address 10 WEYBOSSET STREET		
Address			City PROVIDENCE	Zip 02903	

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 05 OCT 31 PM 3:20

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 0 4 1 0 5

104105 DLLC 10/24/05 12:08:08 PM

File Date **FILED**

Check No. **OCT 31 2005**

By: *[Signature]* 529

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 10/24/05
Signature of Authorized Person Date

DAVID L. MAYER
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 104105		2. Exact name of the limited liability company Conversent Communications of Rhode Island, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDE TELECOMMUNICATIONS SERVICES			
5. Principal office address 24 ALBION ROAD		City LINCOLN	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID L. MAYER			Contact Title Executive Vice President		
Street Address 24 ALBION ROAD		City LINCOLN	State RI	Zip 02865	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Conversent Communications, LLC			Manager Name		
Street Address 24 Albion Road			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DAVID L. MAYER, ESQ.			Address CAMERON & MITTLEMAN		
Address 56 EXCHANGE TERRACE			City PROVIDENCE	Zip 02903	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 0 4 1 0 5 *

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.

David L. Mayer
Signature of Authorized Person Date Sept 22, 2004

DAVID L. MAYER
Print or Type Name of Authorized Person

File Date	9/30/04
Check No.	3795
By:	DA
FOR SECRETARY OF STATE USE ONLY	



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No 104105		2 Exact name of the limited liability company Conversent Communications of Rhode Island, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island PROVIDE TELECOMMUNICATIONS SERVICES			
5 Principal office address 222 Richmond Street		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David L. Mayer			Contact Title Executive Vice President		
Street Address 222 Richmond Street		City Providence	State RI	Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Conversent Communications, LLC			Manager Name		
Street Address 222 Richmond Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DAVID L. MAYER, ESQ.			Address CAMERON & MITTLEMAN		
Address 56 EXCHANGE TERRACE		City PROVIDENCE		Zip 02903	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	9-17-03
Check No	3322
By	[Signature]
FOR SECRETARY OF STATE USE ONLY	

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.

[Signature] **Sept. 9, 2003**
Signature of Authorized Person Date

David L. Mayer
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 104105		2. Exact name of the limited liability company Conversent Communications of Rhode Island, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDE TELECOMMUNICATIONS SERVICES			
5. Principal office address 222 Richmond Street		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name 222 Richmond St DAVID MAYER		Contact Title Executive VP			
Street Address 222 Richmond Street		City Providence	State RI	Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name Conversent Communications, LLC		Street Address 313 Boston Post Road			
City M.borough	State MA	Zip 01752	City	State	Zip
Manager Name		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DAVID L. MAYER, ESQ.		Address CAMERON & MITTLEMAN			
Address 56 EXCHANGE TERRACE		City PROVIDENCE		Zip 02903	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 0 4 1 0 5 *

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.

File Date	9-10-02
Check No.	2955
By:	<i>DM</i>
FOR SECRETARY OF STATE USE ONLY	

David Mayer 9/6/02
Signature of Authorized Person Date
Executive Vice President
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 104105

Annual Report for the year 2001

1. The name of the limited liability company is:

Conversent Communications of Rhode Island, LLC

2. The address of the principal office of the limited liability company is:

222 Richmond Street, Providence, RI 02903

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: DAVID L. MAYER, ESQ.

CAMERON & MITTLEMAN 56 EXCHANGE TERRACE PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: David L. Mayer, 222 Richmond Street,

Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Provide telecommunications services

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address

Dated October 15, 2001



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.

Conversent Communications of Rhode Island
Exact Name of Limited Liability Company LLC

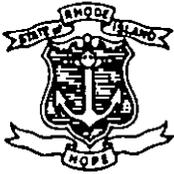
By David L. Mayer
Executive Vice President
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 10-22-01
Check No.: 2562
By: [Signature]

Form No. 632
Revised 01/99

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 104105

Annual Report for the year 2000

1. The name of the limited liability company is:

Conversent Communications of Rhode Island, LLC

2. The address of the principal office of the limited liability company is:

222 Richmond Street, Suite 301, Providence, Rhode Island 02903

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: DAVID L. MAYER, ESQ.

222 Richmond Street, Suite 301, Providence, Rhode Island 02903
~~CAMPBELL MIDDLE BRANCH EXCHANGE TERRACE PROVIDENCE RI 02903~~

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: David L. Mayer, 222 Richmond Street, Suite 301, Providence

Rhode Island 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Provide telecommunications services

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated September 8, 2000



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.

Conversent Communications of Rhode Island, LLC

Exact Name of Limited Liability Company

By

Executive Vice President

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-8-00</u>
Check No.:	<u>2022</u>
By:	<u>DMF</u>

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 104105

Annual Report for the year 1999

- The name of the limited liability company is:
NEVD of Rhode Island, LLC
- The address of the principal office of the limited liability company is:
222 Richmond Street, Providence, RI 02903
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: DAVID L. MAYER, ESQ.
CAMERON & MITTLEMAN 56 EXCHANGE TERRACE PROVIDENCE, RI 02903
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: David L. Mayer, 56 Exchange Terrace, Providence, RI 02903
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Provide telecommunications services
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Robert C. Fanch</u>	<u>1873 South Bellaire Street, Suite 1550, Denver, CO 80222</u>
_____	_____
_____	_____

Dated August 31, 1999



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.

NEVD of Rhode Island, LLC
Exact Name of Limited Liability Company

By *David L. Mayer*
Secretary
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/15</u>
Check No.:	<u>AUG 31 1999</u>
By:	<u><i>[Signature]</i></u>