



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. 108805		2. Exact name of the limited liability company New Cingular Wireless PCS, LLC.			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island PCS COMMUNICATIONS			
5. Principal office address 5565 Glenridge Connector		City Atlanta	State GA	Zip 30342	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Suzanne Liffing		Contact Title Assistant Secretary			
Street Address 7277 164th Avenue NE, RTC Bldg 1		City Redmond	State WA	Zip 98052	
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 Cingular Wireless LLC		Manager Name			
Street Address 5565 Glenridge Connector		Street Address			
City Atlanta	State GA	Zip 30342	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			
Address 10 WEYBOSSET STREET		City PROVIDENCE		Zip 02903	

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



\*108805\*

File Date	10/17/05
Check No.	09923137
By:	CXC
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.

By Cingular Wireless LLC, Manager

Signature of Authorized Person

10/13/05

Date

Suzanne Liffing, Assistant Secretary

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. 108805		2. Exact name of the limited liability company AT&T Wireless PCS, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island PCS COMMUNICATIONS	
5. Principal office address 7277 164th Avenue NE		City Redmond	State WA Zip 98052
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Legal Department		Contact Title State Filings	
Street Address 7277 164th Avenue NE		City Redmond	State WA Zip 98052
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 AT&T Wireless Services, Inc.		Manager Name	
Street Address 7277 164th Avenue NE		Street Address	
City Redmond	State WA	City	State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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	
Address 10 WEYBOSSET STREET		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 8 8 0 5 \*

File Date	9/27/04
Check No.	8291127
By:	DA
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.

AT&T Wireless PCS, LLC

By: AT&T Wireless Services, Inc., its Manager

Mary Brodd 9/27/04  
Signature of Authorized Person Date

Mary Brodd, Assistant Secretary

Print or Type Name of Authorized Person

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

**2003**


1. ID No. <b>108805</b>		2. Exact name of the limited liability company <b>AT&amp;T Wireless PCS, LLC</b>		
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>PCS COMMUNICATIONS</b>		
5. Principal office address <b>7277 164th Ave. NE</b>		City <b>Redmond</b>	State <b>WA</b>	Zip <b>98052</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name <b>Legal Department</b>		Contact Title <b>State Filings</b>		
Street Address <b>7277 164th Ave. NE</b>		City <b>Redmond</b>	State <b>WA</b>	Zip <b>98052</b>
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 <b>AT&amp;T Wireless Services, Inc.</b>		Manager Name		
Street Address <b>7277 164th Ave. NE</b>		Street Address		
City <b>Redmond</b>	State <b>WA</b>	Zip <b>98052</b>	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name <b>CT CORPORATION SYSTEM</b>		Address		
Address <b>10 WEYBOSSET STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>	

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



File Date 9/30/03

Check No. 07002528


By: 

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.

AT&T Wireless PCS, LLC

By: AT&T Wireless Services, Inc., its Manager

 9/22/03

Signature of Authorized Person
Date

**Mary Brodd, Assistant Secretary**

Print or Type Name of Authorized Person



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

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. *108805*		2. Exact name of the limited liability company AT&T Wireless PCS, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island PCS COMMUNICATIONS			
5. Principal office address 7277 164TH AVENUE NE, BUILDING 1		City REDMOND	State WA	Zip 98073-09761	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name AT&T Wireless PCS, LLC		Contact Title			
Street Address 7277 164TH AVENUE NE, BUILDING 1		City REDMOND	State WA	Zip 98073-09761	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X4 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 AT&T Wireless Services, Inc.		Manager Name			
Street Address 7277 164th Ave. NE		Street Address			
City Redmond	State WA	Zip 98052	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	

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



\* 1 0 8 8 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.

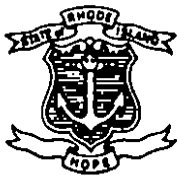
Mary Brodd 10/2/02  
Signature of Authorized Person Date

Mary Brodd, Asst. Sec. of Its Mgr., AT&T Wireless Services, Inc.  
Print or Type Name of Authorized Person

*108805 FLLC10/1/021:14:00 PM*
File Date <u>10.21.02</u>
Check No. <u>6462710</u>
By: <u>22</u>
FOR SECRETARY OF STATE USE ONLY

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 FLLC 108805

Annual Report for the year 2001

1. The name of the limited liability company is:

AT&T Wireless PCS, LLC

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

7277 164TH AVENUE NE, BUILDING 1, REDMOND, WA 98052

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

4. The name and address of its resident agent is: CT CORPORATION SYSTEM

10 WEYBOSSET STREET 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: AT&T WIRELESS PCS, LLC

ATTN: MARY BRODD, ASSISTANT SECRETARY

7277 164TH AVENUE NE, BUILDING 1, REDMOND, WA 98052

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

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

AT&T WIRELESS SERVICES, INC.

7277 164TH AVENUE NE, REDMOND, WA 98052

Dated SEPTEMBER 21, 2001



1 0 8 8 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.

AT&T WIRELESS PCS, LLC

Exact Name of Limited Liability Company

By

MARY BRODD

ASST. SECRETARY OF ITS MANAGER, AT&T WIRELESS SERVICES, INC  
Title

FOR SECRETARY OF STATE USE ONLY  
File Date: 10-15-01

Check No.: 5485859

By: 2c

Form No. 632  
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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 FLLC 108805

Annual Report for the year 2000

1. The name of the limited liability company is:

AT&T Wireless PCS, LLC

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

7277 164TH AVENUE NE, BLDG. 1, REDMOND, WASHINGTON 98052

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

4. The name and address of its resident agent is: CT CORPORATION SYSTEM

10 WEYBOSSET STREET 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: AT&T WIRELESS PCS, LLC

ATTN: SANDY FLYING CLOUD, CORPORATE PARALEGAL

7277 164TH AVENUE NE, BLDG. 1, REDMOND, WA 98052

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

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

*Name*

*Address*

AT&T WIRELESS SERVICES, INC.

7277 164TH AVENUE NE, REDMOND, WA 98052

Dated October 5, 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.

AT&T WIRELESS PCS, LLC

*Exact Name of Limited Liability Company*

By Sandra L. Flying Cloud

Sandra L. Flying Cloud

Asst. Secretary of its Manager, AT&T Wireless Services,  
*Title* Inc.

Form No. 632  
Revised 01/95

FOR SECRETARY OF STATE USE ONLY  
File Date: 10/13  
Check No.: 4970221  
By: 2