

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

FORM MUST BE TYPE!	OR PRINT	TED IN BIACK)	2 m/g 7 cc. \$50.00				
1. ID No. 121208		Exact name of the limited liability company ASTON TELECOM SERVICES, L.L.C.					
3. State of Formation OHIO	DECELL TELECOMMUNICATION CONTRACT			ich is actually conducted in Rhode Is OVER TRANSMISSION FACIL	kind LIT <b>IES</b>		
5. Principal office address SUMMIT //- 6. MAILING ADDR		A 3046 BLEG	CKSUILLE LO	RICHFIELD OR TITLE OF CONTACT PE	State H		24 44286
	TEW	IART		CONTROLLER			
Sireei Address Summ 1 T 11-UX 7. NAME AND ADD	IITA a		SVILLE RO	RICHFIELD	State OF	<i>‡</i> .	24428L
AA	ry modii	FILL IN SPACES	BEFORE USING ATTAC		<b>ATTACHMENT</b>	") 🔲 a) (2) / 7·10	6-52·
Manager Name			Manager Name				
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Sircei Address Summit IF	ATINL	^	SULLERN	Sircei Address		···	
Richeiela Richeiela	ر '	State OH	21p 44286	City	State	••••	Zip
Manager Name				Manager Name			
Street Address				Street Address	<del></del>		
City		State	Zip	City	State		Zip
8. RESIDENT AGEN Agent Name CT CORPORATION S		DDE ISIAND - DO N	IOT ALTER - Changes	: require filing of Form 642   Address	! ? - R.I.G.L. 7-1	6-11	· .
Address 10 WEYBOSSET STREET			City PROVIDENCE	1			
,							

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

\*121208\*

File Date	10/4/05
Check No	1975
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.

Signature of Authorized Person

9-15-05

Signature of Authorized Person

Date

MOBERT E MOCAS
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

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1. ID No.	2. Exact name of the lim	ted lightlity company	<del></del>				
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3. State of Formation			were which to actually conducted in the d	a titan d			
3. State of Formation 4 Brief description of the character of the husiness und OHIO RESELL TELECOMMUNICATION SERVICE			·				
5. Principal office addre	<u> </u>	·	City	State	Zφ		
Summit It UNITA, 3046 BRECKSVILLE RD			RICHFIELD	ОH	44286		
Contact Name	E33 OF LIMITED LIAR	ILIT COMPANT AND	NAME OR TITLE OF CONTACT I	PERSON:			
Λ σ	A		Contact Title	٨			
Street Address	EWART		CONTROLLE	<u> </u>			
			City	State	Zip		
MUTITIMMUK	17A, 3096 DE	PECKSVILLER	NERICHFIELD	O#	144286		
	FILL IN S	PACES BEFORE USING .		R ATTACHMENT) 🔲	/ 7-16-52		
Manager Name	_		Manager Name				
HOBERT :	E Mocas						
Street Address		BRECKEVILLE	Street Address	-			
City	7	Zip	City	State	Zip		
RICHFIELD	о OH	44286			i i		
RICHFIELD Manager Name	. JOH	1 ' A A	Manager Name				
	) Öh	1 ' A A	Manager Name Street Address	l			
Manager Name	State	1 ' A A		State	Zip		
Manager Name Street Address City	State	7.408 S	Street Address	İ	Zip		
Manager Name Sirvet Address City  B. RESIDENT AGEN Agent Name	State IT IN RHODE ISLAND	7.408 S	Since Address  City  anges require filing of Form 6	İ	Zip		
Manager Name Sirvet Address City  8. RESIDENT AGEN	State IT IN RHODE ISLAND	7.408 S	Since Address  City  anges require filing of Form 6	42 - R.I.G.L. 7-16-11	Zip		
Manager Name  Sirvet Address  City  B. RESIDENT AGEN  Agent Name  CT CORPORATION S	State  IT IN RHODE ISLAND  SYSTEM	7.408 S	Since Address  City  Inges require filing of Form 6-  Address	42 - R.I.G.L. 7-16-11	Zip		

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



File Date	(Lin
Check No.	SEP 2 7 2004
Ву:	By 8807 CAN
	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.



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

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

Matthew A. Brown, Secretary of State

LIMITED LIABILITY	COMPANY ANNUAL	REPORT FOR THE YEAR
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2003

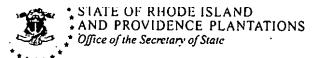
(FORM MUST BE TYPED			Filing Fee: \$50.00				
1. ID No. 121208	2. Exact name of the limited liability company  EASTON TELECOM SERVICES, L.L.C.				<del></del>		
3. State of Formation 4. Brief description of the character of the business wh				ch is actually conducted in Rhode	island	<u> </u>	
OHIO RESELL TELECOMMUNICATION SERVICE				OVER TRANSMISSION FAC	ILITIES		
Summit 11- UNIT A, 3046 BRECKSVILLE RO 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME				RICHFIELD OR TITLE OF CONTACT P	State O	H-	44386
Contact Name  BETH	ST	EWART		CONTROL	LER		
SUMMIT 11-UNITA, 3046 BRECKSVILLER  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY OF THE STATES OF				HMENTS ("X" BOX FOR	CABLE ATTACHMENT	ນ □	44286
ANY MODIFICATIONS TO MANAGERS REQUIRES FIL			AGERS REQUIRES FILE	ING OF AMENDMENT, R.1. :	G.L. 7-16-12 (:	$\frac{1}{2}$ (2) / 7·16	5-52
ROBERT E MOCAS				Manager Nume			
SUMMIT 11, LINIT A, 3046 BEFCKENIUELO			Street Address				
RICHELLA					Zip		
Manager Name				Manager Name	****************	•••••	<b>/····</b>
Street Address				Sirvet Address	<del>-</del>		
City		State	Zψ	City	State		Zip
8. RESIDENT AGENT Agent Name MARK P. DOLAN	IN RHO	DE ISLAND - DO Ņ	OT ALTER - Changes	require filing of Form 64  Address	 2 - R.J.G.L. 7-1	6-11	
Address 170 WESTMINSTER STREET, SUITE 900			PROVIDENCE	OVIDENCE         Ziφ           02903-		·	
							<u> </u>

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

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File Date _	10 14.03	
Check No	5957	
Ву:	a	
Fr	DR SECRETARY OF STATE LISE ONLY	

Under penalty of perjury, I declare a	and affirm that I have examined this report,
including any accompanying schedu	iles and statements, and that all statements,
contained herein are true and correct	t.
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Print or Time Manie		



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) I. ID No. 2. Exact name of the limited liabilty company 121208 WESTON TELECOMMUNICATIONS, L.L.C. 4. Brief description of the character of the business which is actually conducted in Rhode Island LEASED FROM OT IAER CHEEKS 3. State of Formation OHIO 5. Principal office address UmmialtUhitA,3046BRECKSVII icheield 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Street Address MITED 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 Janager Name · Manager Nams OBERT \* Street Address State Zip ICHFIELD. Manager Name Street Address Street Address City State 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 Address

City

**PROVIDENCE** 

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



MARK P. DOLAN

170 WESTMINSTER STREET, SUITE 900

Address

File Daıç	10.21.02
Check No.	3366
B <u>v:</u>	<u> Ze</u>
FOR SECRET	TARY 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 begin are true and correct.

Zip

02903-

and that all statements contained herein are true and correct.
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