



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

2005

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)

1. ID No. 121208		2. Exact name of the limited liability company EASTON TELECOM SERVICES, L.L.C.	
3. State of Formation OHIO		4. Brief description of the character of the business which is actually conducted in Rhode Island RESELL TELECOMMUNICATION SERVICE OVER TRANSMISSION FACILITIES	
5. Principal office address Summit II-UNITA, 3046 BRECKSVILLE RD		City RICHFIELD	State OH
		Zip 44286	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BETH STEWART		Contact Title CONTROLLER	
Street Address Summit II-UNITA, 3046 BRECKSVILLE RD		City RICHFIELD	State OH
		Zip 44286	
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 ROBERT E MOCAS		Manager Name	
Street Address Summit II-UNITA, 3046 BRECKSVILLE RD		Street Address	
City RICHFIELD	State OH	City	State
Zip 44286		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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.



121208

File Date	10/4/05
Check No.	1975
By:	C
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: Robert E Mocas
Date: 9-15-05
Print or Type Name of Authorized Person: ROBERT E MOCAS



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. 121208		2. Exact name of the limited liability company EASTON TELECOM SERVICES, L.L.C.	
3. State of Formation OHIO		4. Brief description of the character of the business which is actually conducted in Rhode Island RESELL TELECOMMUNICATION SERVICE OVER TRANSMISSION FACILITIES	
5. Principal office address Summit UNIT A, 3046 BRECKSVILLE RD		City RICHFIELD	State OH
		Zip 44286	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BETH STEWART		Contact Title CONTROLLER	
Street Address Summit UNIT A, 3046 BRECKSVILLE RD		City RICHFIELD	State OH
		Zip 44286	
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 ROBERT E MOCAS		Manager Name	
Street Address Summit UNIT A, 3046 BRECKSVILLE RD		Street Address	
City RICHFIELD	State OH	City	State
Zip 44286		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 2 1 2 0 8 *

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 SEP 27 2004
Check No. By 8807 GAN
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person
ROBERT E MOCAS
Date
9-15-04
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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121208		2. Exact name of the limited liability company EASTON TELECOM SERVICES, L.L.C.	
3. State of Formation OHIO		4. Brief description of the character of the business which is actually conducted in Rhode Island RESELL TELECOMMUNICATION SERVICE OVER TRANSMISSION FACILITIES	
5. Principal office address Summit II-Unit A, 3046 BRECKSVILLE RD		City RICHFIELD	State OH
		Zip 44286	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BETH STEWART		Contact Title CONTROLLER	
Street Address Summit II-Unit A, 3046 BRECKSVILLE RD		City RICHFIELD	State OH
		Zip 44286	
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 ROBERT E MOCAS		Manager Name	
Street Address Summit II, Unit A, 3046 BRECKSVILLE RD		Street Address	
City RICHFIELD	State OH	City	State
Zip 44286		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 MARK P. DOLAN		Address	
Address 170 WESTMINSTER STREET, SUITE 900		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 2 1 2 0 8 *

File Date	10-14-03
Check No.	5957
By:	2
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.

x Robert E Mocas 10-9-03
Signature of Authorized Person Date
ROBERT E MOCAS
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. 121208		2. Exact name of the limited liability company WESTON TELECOMMUNICATIONS, L.L.C.	
3. State of Formation OHIO		4. Brief description of the character of the business which is actually conducted in Rhode Island LEASED FROM OTHER CARRIERS RESELL TELECOMMUNICATION SERVICE OVER TRANSMISSION FACILITIES	
5. Principal office address SUMMIT II UNIT A, 3046 BRECKSVILLE ROAD		City RICHFIELD	State OH
		Zip 44286	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BETH STEWART		Contact Title CONTROLLER	
Street Address SUMMIT II UNIT A, 3046 BRECKSVILLE RD		City RICHFIELD	State OH
		Zip 44286	
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 ROBERT F MOCCAS		• Manager Name .	
Street Address SUMMIT II UNIT A, 3046 BRECKSVILLE RD		• Street Address .	
City RICHFIELD	State OH	City .	State .
Zip 44286		Zip .	
Manager Name .		• Manager Name .	
Street Address .		• Street Address .	
City .	State .	City .	State .
Zip .		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 MARK P. DOLAN		Address .	
Address 170 WESTMINSTER STREET, SUITE 900		City PROVIDENCE	Zip 02903

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



* 1 2 1 2 0 8 *

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	<u>10.21.02</u>
Check No.	<u>33666</u>
By:	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	

20 SEP 12 10 12 AM '02
Signature of Authorized Person Robert F Mocas Date 10-10-02
SEAL OF THE SECRETARY OF STATE
Print or Type Name of Authorized Person ROBERT F MOCCAS