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| | State of Rhode Island and Pro Office of the Secreta | | ons Fee: \$50.0 |
| | Division Of Business 148 W. River S Providence RI 029 (401) 222-30 | treet 04-2615 | |
| HOPE | (401) 222-30 | 40 | |
| Limited Liability Cor Annual Report Filing Period: September | | | |
| | 7-16-66(d), each limited liability com nin thirty (30) days after the time presc penalty fee of \$25.00. | | - |
| ANNUAL REPORT YEAR | : <u>2018</u> | | |
| 1. ID No. <u>0009241</u> 4 | 4 | | |
| 2. Exact Name of the L | imited Liability Company <u>COLEN</u> | IAN CABLE, LLC | |
| 3. State of Formation | | | |
| State: DE | | | |
| | | | |
| | ARTICLE III | | |
| Enter the six digit NAICS | ARTICLE III Code that best describes the primary re information on <u>NAICS</u> can be found | • | the entity. Download |
| Enter the six digit NAICS the list of codes <u>here.</u> Mo <u>331400</u> | Code that best describes the primary re information on <u>NAICS</u> can be found | online. | |
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of October, 2018 at 9:04:09 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By J. GUYTON COCHRAN, JR. Signature of Authorized Person

Form No. 632 Revised 09/07

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