



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No. 124418		2. Exact name of the limited liability company Granite Telecommunications, LLC	
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island Telecommunications	
5. Principal office address 100 Newport Avenue Extension		City Quincy	State MA
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lisa Mui		Contact Title Regulatory Contac	
Street Address 100 Newport Avenue Extension		City Quincy	State MA
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 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) / 6-52			
Manager Name Robert Hale, Jr.		Manager Name Rand Carrier	
Street Address 100 Newport Avenue Extension		Street Address 100 Newport Avenue Extension	
City Quincy	State MA	City Quincy	State MA
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 TCS CORPORATE SERVICES, INC.		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888

RECEIVED
OFFICE OF THE SECRETARY OF STATE
SEP 20 9 35 AM '06

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

124418

FILED

File Date SEP 20 2006

Check No. _____

By: 41901

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.

8/24/06

Signature of Authorized Person Date

Rand Carrier

Print or Type Name of Authorized Person



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. 124418		2. Exact name of the limited liability company Granite Telecommunications, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island LOCAL AND INTERCHANGE TELECOMMUNICATIONS SERVICES.	
5. Principal office address 234 COPELAND STREET		City QUINCY	State MA
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GARNETT M. MCGUINN		Contact Title TAX MANAGER	
Street Address 234 COPELAND STREET		City QUINCY	State MA
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 T. HALE, SR.		Manager Name ROBERT T. HALE, JR.	
Street Address 234 COPELAND STREET		Street Address 234 COPELAND STREET	
City QUINCY	State MA	City QUINCY	State MA
Zip 02339		Zip 02339	
Manager Name RAND L. CURRIER		Manager Name	
Street Address 234 COPELAND STREET		Street Address	
City QUINCY	State MA	City	State
Zip 02339		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 NATIONAL REGISTERED AGENTS, INC.		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888

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



* 1 2 4 4 1 8 *

File Date	9/29/04
Check No.	6424
By:	OA
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.

	09-03-2004
Signature of Authorized Person	Date
ROBERT T. HALE, JR. PRESIDENT	
Print or Type Name of Authorized Person	



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. 124418		2. Exact name of the limited liability company Granite Telecommunications, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Local and interexchange telecommunications services.			
5. Principal office address 234 Copeland Street		City Quincy	State MA	Zip 02169	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Geoff Cookman			Contact Title Director of Regulatory and Carrier Relations		
Street Address 234 Copeland Street		City Quincy	State MA	Zip 02169	
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 Hale, JR.			Manager Name Robert Hale, JR.		
Street Address 234 Copeland St.			Street Address 234 Copeland St.		
City Quincy	State MA	Zip 02169	City Quincy	State MA	Zip 02169
Manager Name Road Carrier			Manager Name Geoff Cookman		
Street Address 234 Copeland St.			Street Address 234 Copeland St.		
City Quincy	State MA	Zip 02169	City Quincy	State MA	Zip 02169
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name NATIONAL REGISTERED AGENTS, INC.			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200			City WARWICK	Zip 02888	

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



* 1 2 4 4 1 8 *

FILED

File Date **OCT 14 2003**
Check No. **By [Signature]**
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 of Authorized Person **[Signature]** Date **9/23/03**
Robert Hale JR
Print or Type Name of Authorized Person