



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 69018 2. Name of Corporation NETWORK PLUS, INC.  
3. Street Address Principal Business Office 41 PARCELA PARK DRIVE City RANDOLPH State MA Zip 02368  
4. Business Phone No. (781) 473-2000 5. State of Incorporation MASSACHUSETTS 6. SIC Code 6676

7. Brief Description of the Character of Business Conducted in Rhode Island  
RESSELLER OF TELECOMMUNICATION

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>ROBERT T. HALE, JR.</u>	Vice President Name
Street Address <u>41 PARCELA PARK DRIVE</u>	Street Address
City State Zip <u>RANDOLPH MA 02368</u>	City State Zip
Secretary Name <u>JAMES I. CROWLEY</u>	Treasurer Name <u>ROBERT I. COBUZZI</u>
Street Address <u>41 PARCELA PARK DRIVE</u>	Street Address <u>41 PARCELA PARK DRIVE</u>
City State Zip <u>RANDOLPH MA 02368</u>	City State Zip <u>RANDOLPH MA 02368</u>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>ROBERT T. HALE, SR.</u>	Director Name
Street Address <u>41 PARCELA PARK DRIVE</u>	Street Address
City State Zip <u>RANDOLPH MA 02368</u>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
20,000		.01

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
10,000		.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3/26/01  
Check No.: 17416  
By: KID

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 Officer: [Signature] Date: 3/24/01  
Print or Type Name of Officer: ROBERT I. COBUZZI  
Title of Officer: EXEC VP CSO : TREASURER



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 6901P 2. Name of Corporation Network Plus, Inc  
 3. Street Address Principal Business Office 234 Copeland Street City Quincy State MA Zip 02169  
 4. Business Phone No. 1-781-473-2000 5. State of Incorporation Massachusetts 6. SIC Code \_\_\_\_\_

7. Brief Description of the Character of Business Conducted in Rhode Island  
Reseller of Telecommunication Services (Local and Long Distance)  
 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Robert T. Hale Jr Vice President Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City Quincy State MA Zip 02169 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary Name James J. Crowley Treasurer Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City Quincy State MA Zip 02169 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  
 Director Name (Chairman) Robert T. Hale Sr Director Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City Quincy State MA Zip 02169 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name \_\_\_\_\_ Director Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES  
 Number of Shares Class/Series Par Value  
20,000,000 ..... 01  
 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) ISSUED SHARES  
 Number of Shares Class/Series Par Value  
10,000,000 ..... 01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.  
Robert T. Hale Sr 4-5-00  
 Signature of Officer Date  
Robert T. Hale Sr  
 Print or Type Name of Officer  
Chairman of BOD  
 Title of Officer

File Date: \_\_\_\_\_  
 Check No.: \_\_\_\_\_  
 By: JMD 2/4/6 P 94  
 FOR SECRETARY OF STATE USE ONLY



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 6901P 2. Name of Corporation Network Plus, Inc  
3. Street Address Principal Business Office 234 Copeland Street City Quincy State MA Zip 02169  
4. Business Phone No. 1-781-473-2000 5. State of Incorporation Massachusetts  
6. SIC Code \_\_\_\_\_

7. Brief Description of the Character of Business Conducted in Rhode Island  
Reseller of Telecommunication Services (Local and LD)

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
President Name Robert T. Hale Jr Vice President Name \_\_\_\_\_  
Street Address 234 Copeland Street Street Address \_\_\_\_\_  
City Quincy State MA Zip 02169 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary Name James J Crowley Treasurer Name \_\_\_\_\_  
Street Address 234 Copeland Street Street Address \_\_\_\_\_  
City Quincy State MA Zip 02169 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
Director Name (Chairman) Robert T. Hale Sr. Director Name \_\_\_\_\_  
Street Address 234 Copeland Street Street Address \_\_\_\_\_  
City Quincy State MA Zip 02169 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name \_\_\_\_\_ Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>20,000,000</u>		<u>.01</u>	<u>10,000,000</u>		<u>.01</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: Jmd 246594  
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.  
Robert T. Hale Sr. 4-5-00  
Signature of Officer Date  
Robert T. Hale Sr  
Print or Type Name of Officer  
Chairman of BOI  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 69018 2. Name of Corporation Network Plus, Inc  
3. Street Address Principal Business Office 234 Copeland Street City Quincy State MA Zip 02169  
4. Business Phone No. 1-800-552-5254 5. State of Incorporation MA 6. SIC Code 6676  
7. Brief Description of the Character of Business Conducted in Rhode Island  
As of Sept 98 - Local and Long Distance Telecommunication

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <u>Robert T. Hale Jr</u> Street Address <u>234 Copeland Street</u> City <u>Quincy</u> State <u>MA</u> Zip <u>02169</u> Secretary Name <u>James Crowley</u> Street Address <u>same</u> City _____ State _____ Zip _____	Vice President Name _____ Street Address _____ City _____ State _____ Zip _____ Treasurer Name _____ Street Address _____ City _____ State _____ Zip _____
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9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <u>Robert T. Hale Sr (Chairman)</u> Street Address <u>same as above</u> City _____ State _____ Zip _____	Director Name <u>James Crowley</u> Street Address <u>"</u> City _____ State _____ Zip _____
Director Name <u>Robert T Hale Jr.</u> Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>20M</u>	<u>Common</u>	<u>.01</u>

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>10M</u>	<u>Common</u>	<u>.01</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: \_\_\_\_\_  
Check No.: 746894  
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] 06-27-00  
Signature of Officer Date  
James Crowley  
Print or Type Name of Officer  
Executive VP, COO, Secretary, and  
Title of Officer director



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. \_\_\_\_\_ 2. Name of Corporation **69012 Network Plus, Inc**  
3. Street Address Principal Business Office **234 Copeland Street Quincy MA 02169**  
4. Business Phone No. **1-800-552-5254** 5. State of Incorporation **MA**  
6. SIC Code **6676**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Long Distance Telecommunications**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Robert T. Hale Jr</b> Street Address <b>234 Copeland Street</b> City <b>Quincy</b> State <b>MA</b> Zip <b>02169</b>	Vice President Name _____ Street Address _____ City _____ State _____ Zip _____
Secretary Name <b>James Crowley</b> Street Address <b>same</b> City _____ State _____ Zip _____	Treasurer Name _____ Street Address _____ City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>Robert T. Hale Sr (Chairman)</b> Street Address <b>same as above</b> City _____ State _____ Zip _____	Director Name <b>James Crowley</b> Street Address <b>"</b> City _____ State _____ Zip _____
Director Name <b>Robert T. Hale Jr</b> Street Address <b>"</b> City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>20M</b>	<b>Common</b>	<b>.01</b>

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>10M</b>	<b>Common</b>	<b>.01</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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: \_\_\_\_\_

Signature of Officer **[Signature]** Date **06-27-00**

Check No.: \_\_\_\_\_

Print or Type Name of Officer **James Crowley**

By: **[Signature]**  
FOR SECRETARY OF STATE USE ONLY

Title of Officer **COO Secretary, Executive VP, and Director**

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 69018 2. NAME OF CORPORATION Network Plus, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 234 Copeland Street CITY QUINCY STATE MA ZIP CODE 02169

4. BUSINESS PHONE NO. (617) 786-4000 5. STATE OF INCORPORATION MASSACHUSETTS 6. SIC CODE 6676

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND  
Reseller OF Long Distance Phone Services

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Robert T. Hale, JR VICE PRESIDENT NAME NONE

STREET ADDRESS 8 Olmstead RD STREET ADDRESS NONE

CITY Hingham STATE MA ZIP CODE 02043 CITY  STATE  ZIP CODE

SECRETARY NAME Judith B. Hale TREASURER NAME Judith B. Hale

STREET ADDRESS 60 COUNTRY WAY STREET ADDRESS 60 COUNTRY WAY

CITY N. HAMPTON STATE MA ZIP CODE 01060 CITY N. HAMPTON STATE MA ZIP CODE 01060

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Robert T. Hale, JR DIRECTOR NAME NONE

STREET ADDRESS 8 Olmstead RD STREET ADDRESS NONE

CITY Hingham STATE MA ZIP CODE 02043 CITY  STATE  ZIP CODE

DIRECTOR NAME Robert T. Hale, SR DIRECTOR NAME NONE

STREET ADDRESS 60 COUNTRY WAY STREET ADDRESS NONE

CITY N. HAMPTON STATE MA ZIP CODE 01060 CITY  STATE  ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
<u>20,000</u>	<u>Common</u>	<u>NONE</u>	<u>100</u>	<u>Common</u>	<u>NONE</u>

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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: 3/18/96

Check No: 4916

By: mnc / up  
For Secretary of State Use Only

Signature of Officer [Signature]

Print or Type Name of Officer ROBERT T. HALE

Title of Officer PRESIDENT

Date 3/15/96



**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

CH # 6370 mnc

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

0059018

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Name of Corporation: Network Plus, Inc.

Business entity organized under the laws of the State of: MA.

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

234 Coppeland St  
Quincy MA 02169

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (617) 86 4000

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Long distance Telephone  
Service

None

Phone: ( ) \_\_\_\_\_

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT Robert T. Hyle JR. 234 Coppeland St Quincy MA 02169

VICE PRESIDENT \_\_\_\_\_

SECRETARY Judith B. Hyle 234 Coppeland St Quincy MA 02169

TREASURER Judith A. Hyle 234 Coppeland St Quincy MA 02169

**THE NAMES OF THE DIRECTORS ARE:**

NAME Robert T. Hyle JR. 234 Coppeland St \_\_\_\_\_

NAME Judith B. Hyle 234 Coppeland St \_\_\_\_\_

NAME \_\_\_\_\_

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>10,000</u>	<u>Common</u>

Number of Shares	Class / Series
<u>100</u>	<u>Common</u>

Date 1/31/95, 19\_\_\_\_

By: [Signature]  
Robert T. Hyle JR.  
 PRINT OR TYPE NAME OF OFFICER SIGNING

Form 31 1/95 TITLE OF OFFICER SIGNING President

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CORPORATION SERVICE CO.  
 155 SOUTH MAIN STREET  
 PROVIDENCE RI 02903

March 1

mnc

2411712  
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 69019 Annual Report for the year 1994

FIRST: The name of the corporation is Network Plus, Inc.

SECOND: It is incorporated under the laws of Massachusetts

THIRD: Character of business, briefly stated, is Resale Long distance  
Telecommunications

FOURTH: If foreign corporation, address of its principal office 234 Copeland St  
Quincy, MA 02169

FIFTH: Business address in Rhode Island None

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Robert Hale JR.	Director	234 Copeland St Quincy, MA 02169
Judith B. Hale	Director	234 Copeland St Quincy, MA 02169
	Director	
Robert Hale JR.	President	234 Copeland St Quincy, MA 02169
	Vice President	
Judith B. Hale	Secretary	234 Copeland St Quincy, MA 02169
Judith B. Hale	Treasurer	234 Copeland St Quincy, MA 02169

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
20,000	Common		0

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		0

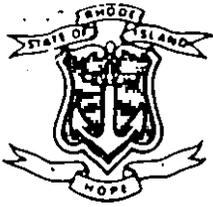
Dated 1/10 19 94

Network Plus, Inc.  
(Name of Corporation)

By: [Signature]

Title: President

(Report must be signed by an officer)



State of Rhode Island and Providence Plantations  
 Barbara M. Leonard  
 Secretary of State  
 100 North Main Street  
 Providence, Rhode Island  
 02903-1335

SUPPLEMENT TO 1994 ANNUAL REPORT

Corporation Name: NETWORK PLUS, INC.

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

234 COPELAND STREET  
QUINCY, MA 02169  
 Phone (617) 786 4000

Address and telephone number of the principal office of business entity in Rhode Island (Provide street address-not P.O. Box):

NONE  
 Phone ( )                     

Business entity is (check one):

- ( X ) Business Corporation (See RIGL Chapter 7-1.1)
- (   ) Professional Service Corporation (See RIGL Chapter 7-5.1)
- (   ) Limited Liability company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

GEOFF COOKMAN EXTERNAL AFFAIRS  
234 COPELAND STREET  
QUINCY, MA 02169

Date of organization: 03/27/90

Date of qualification to do business in Rhode Island (if foreign entity): 06/18/92

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0069018 Annual Report for the year 1992

FIRST: The name of the corporation is Network Plus Inc.

SECOND: It is incorporated under the laws of MASSACHUSETTS

THIRD: Character of business, briefly stated, is Reseller of Long Distance Telecommunications.

FOURTH: If foreign corporation, address of its principal office 300 Crown Colony Drive Quincy, MA 02169

FIFTH: Business address in Rhode Island None  
Q1/1920

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Robert T. Hale JR.	Director	300 Crown Colony Dr, Quincy, MA 02169
Judith B. Hale	Director	300 Crown Colony Dr. Quincy, MA 02169
Robert T. Hale JR	President	300 Crown Colony Dr. Quincy MA 02169
Judith B. Hale	Secretary	300 Crown Colony Dr Quincy MA 02169
Judith R. Hale	Treasurer	300 Crown Colony Dr Quincy MA 02169

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
20,000	Common	MAR 15 1993	Without Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
20,000	Common		Without Par Value

Dated 3/11 19 93 Network Plus Inc  
(Name of Corporation)

By [Signature]  
Title President

(Report must be signed by an officer)