S	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00			
Division Of Business Services 148 W. River Street						
HOPE	Providence RI 0290 (401) 222-304					
Limited Liability Com Annual Report						
Filing Period: September 1		any failing or refusing				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.						
ANNUAL REPORT YEAR: 2019						
1. ID No. <u>001382884</u>						
2. Exact Name of the Limited Liability Company <u>SPECTRUM WIRELESS SOLUTIONS, LLC</u>						
3. State of Formation						
State: DE						
ARTICLE III						
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download						
the list of codes here. More information on NAICS can be found online.						
<u>237130</u>						
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rho	de Island			
CONSTRUCTION, INSTALLATION AND MAINTENANCE SERVICES FOR						
TELECOMMUNICATIONS INDUSTRY						
5. Principal Office Addre	SS					
No. and Street:5250 TRIANGLE PARKWAY NWCity or Town:NORCROSSState:GAZip:30092Country:USA						
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:						
Contact Name: <u>LEGAL DEPARTMENT</u> Contact Title: No. and Street: 11780 US HIGHWAY 1						
SUITE 600 City or Town: PALM BEACH GARDENS State: FL Zip: 33408 Country: USA						
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS						
Title	Individual Name	Address				
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	de, Country			

STEVEN NIELSEN

11780 US HWY 1, SUITE 600

MANAGER

			<u> </u>	Ы
IV	IAN	IA	эĿ	к

H. ANDREW DEFERRARI

11780 US HWY 1, SUITE 600 PALM BEACH GARDENS, FL 33408 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 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 5 Day of December, 2019 at 7:51:43 PM 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 H. ANDREW DEFERRARI

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved