



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** 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>143476</b>		2. Exact name of the limited liability company <b>Stratus Solutions, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Telecommunication sales</b>			
5. Principal office address <b>45 Whitcomb Road</b>			City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>John S. Rego</b>			Contact Title <b>Member</b>		
Street Address <b>45 Whitcomb Road</b>			City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
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 <b>John S. Rego</b>			Manager Name		
Street Address <b>45 Whitcomb Road</b>			Street Address		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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 <b>JOHN S. REGO</b>			Address		
Address <b>45 WHITCOMB STREET</b>			City <b>RIVERSIDE</b>	Zip <b>02915</b>	

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



File Date	<b>9/5/05</b>	*143476*
Check No.	<b>1963</b>	
By:	<b>DA</b>	
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.

*John S. Rego* 9/6/05  
 Signature of Authorized Person Date  
John S. Rego  
 Print or Type Name of Authorized Person