	State of Rhode	Island	Fee: \$50.00
	Office of the Secreta	ary of State	
	Division Of Business 148 W. River S		
	Providence RI 029		
HOPE	(401) 222-30	40	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
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: 2020			
1. ID No. <u>000139261</u>			
2. Exact Name of the Limited Liability Company <u>INTERNET AND TELEPHONE, L.L.C.</u>			
3. State of Formation			
State: <u>MA</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>517311</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
ADVANCED TECHNOLOGY SOLUTIONS PROVIDER			
5. Principal Office Address			
	ASTAIN MEADOWS CT NW		
City or Town: <u>KENNI</u>	ESAW	State: <u>GA</u> Zip: <u>30144</u> Cour	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: <u>170 CHASTAIN MEADOWS CT NW</u> City or Town: <u>KENNESAW</u> State: <u>GA</u> Zip: <u>30144</u> Country: <u>USA</u>			
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 Coc	le, Country
MANAGER	ONEPATH SYSTEMS LLC	170 CHASTAIN MEADOWS KENNESAW, GA 30144 US/	

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 27 Day of October, 2020 at 11:22:38 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 OPAL FERRARO

Signature of Authorized Person

Form No. 632 Revised 09/07

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