	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street	
HOPE	Providence RI 02904-2615 (401) 222-3040	
Limited Liability Com Annual Report Filing Period: September 1 -		
	7-16-66(d), each limited liability company failing or refusing a thirty (30) days after the time prescribed by law (R.I.G.L. aenalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2020</u>	
1. ID No. <u>000578396</u>		
2. Exact Name of the Limited Liability Company <u>Advanced Mobile Solutions LLC</u>		
3. State of Formation		
State: <u>RI</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>443142</u>		
4. Brief Description of the	Character of the Business Which is Actually Conduc	ted in Rhode Island
CELLULAR SERVICES		
5. Principal Office Addres	s	
No. and Street:820BCity or Town:SEEK	<u>FAUNTON AVENUE</u> <u>ONK</u> State: <u>MA</u> Zip: <u>0277</u>	1 Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name or Title of Contact	Person:
Contact Name: Contact Title: No. and Street: 820B TAUNTON AVENUE		
City or Town: <u>SEEK</u>		1 Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		
Title		dress State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>GIOVANNI D. CICIONE, ESQ.</u> <u>301 PROMENADE STREET</u> <u>C/O CAMERON & MITTLEMAN, LLP</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02908</u>

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 3:17:41 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 <u>GIOVANNI D CICIONE ESQ</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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