	State of Rhoo Office of the Secre		Fee: \$50.00
	Division Of Busin 148 W. Rive	r Street	
HOPE	Providence RI 0 (401) 222-		
Limited Liability Co Annual Report Filing Period: September			
to file its annual report w	L. 7-16-66(d), each limited liability co ithin thirty (30) days after the time pro a penalty fee of \$25.00.		
ANNUAL REPORT YEA	R: <u>2020</u>		
1. ID No. <u>0007935</u>	540		
2. Exact Name of the	Limited Liability Company Wind	stream Shared Services, LLC	2
3. State of Formation			
State: <u>DE</u>			
	ARTICLE II	I	
0	S Code that best describes the prima lore information on <u>NAICS</u> can be fou		e entity. Download
<u>517311</u>			
4. Brief Description of	the Character of the Business Wh	ich is Actually Conducted in	n Rhode Island
	CE AND DATA NETWORK CO	MMUNICATIONS TO RE	
PROVIDER OF VOI			SIDENTAL AND
PROVIDER OF VOIO BUSINESS CUSTOMERS			<u>SIDENTAL AND</u>
BUSINESS	Iress		<u>SIDENTAL AND</u>
BUSINESS CUSTOMERS 5. Principal Office Add No. and Street: 4001	RODNEY PARHAM ROAD		
BUSINESS CUSTOMERS 5. Principal Office Add No. and Street: 4001		State: <u>AR</u> Zip: <u>72212</u>	<u>SIDENTAL AND</u> Country: <u>USA</u>
BUSINESS CUSTOMERS 5. Principal Office Add No. and Street: 4001 City or Town: LITT	RODNEY PARHAM ROAD		Country: <u>USA</u>
BUSINESS CUSTOMERS 5. Principal Office Add No. and Street: 4001 City or Town: LITT 6. Mailing Address of Contact Name: Contact	RODNEY PARHAM ROAD <u>FLE ROCK</u> Limited Liability Company and Na ct Title:		Country: <u>USA</u>
BUSINESS CUSTOMERS 5. Principal Office Add No. and Street: 4001 City or Town: LITT 6. Mailing Address of Contact Name: Conta No. and Street: 4001	RODNEY PARHAM ROAD <u>FLE ROCK</u> Limited Liability Company and Na		Country: <u>USA</u> on:
BUSINESS CUSTOMERS 5. Principal Office Add No. and Street: 4001 City or Town: LITT 6. Mailing Address of Contact Name: Conta No. and Street: 4001 LITT 6. Mailing Address of Contact Name: Conta No. and Street: 4001 City or Town: LITT	I RODNEY PARHAM ROAD ILE ROCK Limited Liability Company and Na Ict Title: RODNEY PARHAM ROAD LE ROCK of Each Manager of the Limited L	ime or Title of Contact Pers State: <u>AR</u> Zip: <u>72212</u>	Country: <u>USA</u> on: Country: <u>USA</u>
BUSINESS CUSTOMERS 5. Principal Office Add No. and Street: 4001 City or Town: LITT 6. Mailing Address of Contact Name: Conta No. and Street: 4001 City or Town: LITT 6. Mailing Address of Contact Name: Conta No. and Street: 4001 City or Town: LITT 7. Name and Address Address	I RODNEY PARHAM ROAD ILE ROCK Limited Liability Company and Na Ict Title: RODNEY PARHAM ROAD LE ROCK of Each Manager of the Limited L	ime or Title of Contact Pers State: <u>AR</u> Zip: <u>72212</u>	Country: <u>USA</u> on: Country: <u>USA</u> able.

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

REGISTERED AGENT SOLUTIONS, INC. 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 4:25:43 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 <u>TJ ALLEN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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