

FILED WP

Annual Report for the year: 2020 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

BY_	OCT 2 6 2020
	700

							
Entity ID Number	Exact name of the Limited Liability Company						
001670631	Comcast OTR1, LLC						
3 MAICECODE	Brief description of the character of business conducted in Rhode Island Communications						
5. State of Formation							
Delaware							
6. Principal Office Address			City	State	Zip		
1701 John F Kennedy Blvd			Philadelphia	PA	19103-2838		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Jane Lee			Contact Title Director, State & Local Tax				
Street Address 1701 John F Kennedy Blvd			City Philadelphia	State PA	Z _{IP} 19103-2838		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Comcast Cable Communicat	ions Manageme	ent, LLC	Manager Name				
Street Address 1701 John F Kennedy Blvd			Street Address				
City Philadelphia	State PA	^{Z_{ip}} 19103-2838	City	State	Zip		
. Manager Name			Manager Name				
Street Address		 _	Street Address				
City	State	Zıp	City	State	Zıp		
	<u> </u>		C	heck the box to indi	cate an attachment		
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642							
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.							
Name of Authorized Person	Date						
Thomas J Donnelly, Vice President				10/10/2020			
Signature of Authorized Person Omelly							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov