



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 02903-1555
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)

Main form containing fields for ID No. (116280), Name (Cyber Communications Enterprises, LLC), State (RHODE ISLAND), Business Description (RADIO SIGNAL TRANSMISSION SERVICES), Principal Office Address (90 Colorado Avenue, Warwick, RI 02886), Mailing Address, and Manager Information (no managers).

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



\*116280\*

Administrative box for File Date (12/23/05), Check No. (33629), and By: (signature). Includes text '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.

Signature of Robert V. Salvatore dated 11/15/05.

Robert V. Salvatore, Authorized Person

Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No <b>116280</b>		2 Exact name of the limited liability company <b>Cyber Communications Enterprises, 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>RADIO SIGNAL TRANSMISSION SERVICES</b>			
5 Principal office address <b>33 Plan Way, Unit 3B</b>		<b>Warwick</b>	State <b>RI</b>	<b>02886</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Robert V. Salvatore, Jr.</b>			Contact Title <b>Member</b>		
5 Principal office address <b>33 Plan Way, Unit 3B</b>		<b>Warwick</b>	State <b>RI</b>	<b>02886</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>NO MANAGERS</b>			Manager Name		
Street Address			Street Address		
City	State	Zip	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>DANIEL STONE</b>			Address		
Address <b>260 WEST EXCHANGE STREET, SUITE 305-2</b>			City <b>PROVIDENCE</b>	Zip <b>02903-</b>	

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



\* 1 1 6 2 8 0 \*

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.

*Robert V. Salvatore Jr.*  
Signature of Authorized Person  
Robert V. Salvatore, Jr., Authorized Person

Print or Type Name of Authorized Person

File Date	<b>9/24/04</b>
Check No.	<b>1030</b>
By	<b>DA</b>
FOR SECRETARY OF STATE USE ONLY	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
199 North Main Street
Providence, RI 02903-1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-8 containing company details: ID No 116280, Name Cyber Communications Enterprises, LLC, State RHODE ISLAND, Business RADIO SIGNAL TRANSMISSION SERVICES, Principal office address 33 Plan Way, Unit 3B, Warwick, RI 02886, Contact Person Robert V. Salvatore, Jr., Member, 33 Plan Way, Unit 3B, Warwick, RI 02886, Managers no managers, Resident Agent DANIEL STONE, 260 WEST EXCHANGE STREET, SUITE 305-2, PROVIDENCE, 02903.

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



\* 1 1 6 2 8 0 \*

File Date 9.29.03
Check No 31988
By [Signature]
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.

[Signature] 9/29/03
Signature of Authorized Person Date

Robert V. Salvatore, Jr., Authorized Person
Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 116280		2. Exact name of the limited liability company Cyber Communications Enterprises, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Radio signal transmission services			
5. Principal office address 33 Plan Way		City Warwick		State Rhode Island	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert V. Salvatore			Contact Title Member		
Street Address 33 Plan Way		City Warwick		State Rhode Island	Zip 02886
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 no managers			Manager Name		
Street Address			Street Address		
City		State	Zip	City	
Manager Name			Manager Name		
Street Address			Street Address		
City		State	Zip	City	
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DANIEL STONE			Address		
Address 260 WEST EXCHANGE STREET, SUITE 305-2			City PROVIDENCE		Zip 02903-

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



\* 1 1 6 2 8 0 \*

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.

*Robert V. Salvatore* 8/29/02  
Signature of Authorized Person Date

Member  
Print or Type Name of Authorized Person

<b>FILED</b>	
File Date	SEP 25 2002
Check No.	
By: <i>Quina</i>	3522
FOR SECRETARY OF STATE USE ONLY	