



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 02903-1335  
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)

1. ID No. 113386		2. Exact name of the limited liability company Enhanced Communications Group, LLC	
3. State of Formation Oklahoma		4. Brief description of the character of the business which is actually conducted in Rhode Island Resale of long distance telecommunications service	
5. Principal office address 312 SE Delaware Avenue		City Bartlesville	State OK
		Zip 74003	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Carla Dimond		Contact Title Accounting Supervisor	
Street Address P.O. Box 936		City Bartlesville	State OK
		Zip 74005	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 National Registered Agents, Inc.		Address 222 Jefferson Boulevard, Suite 200	
Address		City Warwick, RI	Zip 02888

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



1 1 3 3 8 6

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 Authorized Person Jeff Holley Date 3/18/2005

Jeff Holley, Member  
Print or Type Name of Authorized Person

File Date 8/25/05  
Check No. 6032  
By: DA

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 Unit  
100 North Main Street  
Providence, RI 02903-1355  
401.222.3000

# 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>113386</b>		2. Exact name of the limited liability company <b>ENHANCED COMMUNICATIONS GROUP, L.L.C.</b>	
3. State of Formation <b>OKLAHOMA</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>RESALE OF LONG DISTANCE TELECOMMUNICATIONS SERVICE</b>	
5. Principal office address <b>312 SE Delaware Ave</b>		City <b>Bartlesville</b>	State <b>OK</b>
		Zip <b>74003</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Earl P. Robinson</b>		Contact Title <b>CFO</b>	
Street Address <b>312 SE Delaware Ave</b>		City <b>Bartlesville</b>	State <b>OK</b>
		Zip <b>74003</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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENTS IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>NATIONAL REGISTERED AGENTS, INC.</b>		Address	
Address <b>222 JEFFERSON BOULEVARD, SUITE 200</b>		City <b>WARWICK</b>	Zip <b>02888</b>

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



\* 1 1 3 3 8 6 \*

File Date	<b>10/18/04</b>
Check No.	<b>4837</b>
By	<b>ES</b>
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.

**Earl P. Robinson** **9-15-04**  
Signature of Authorized Person Date

**Earl P. Robinson**  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Unit  
190 North Main Street  
Providence, RI 02903-1335  
401 222 7000

# 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)

1. ID No. <b>113386</b>		2. Exact name of the limited liability company <b>ENHANCED COMMUNICATIONS GROUP, L.L.C.</b>	
3. State of Formation <b>OKLAHOMA</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>RESALE OF LONG DISTANCE TELECOMMUNICATIONS SERVICE</b>	
5. Principal office address <b>312 SE Delaware Ave</b>		City <b>Bartlesville</b>	State <b>OK</b>
		Zip <b>74003</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: <b>Earl Robinson</b> Contact Title: <b>CFO</b>			
Street Address <b>312 SE Delaware Ave</b>		City <b>Bartlesville</b>	State <b>OK</b>
		Zip <b>74003</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>Bruce Summers</b>		Manager Name <b>Jeff Holley</b> President	
Street Address <b>312 SE Delaware Ave</b>		Street Address <b>312 SE Delaware Ave</b>	
City <b>Bartlesville</b>	State <b>OK</b>	City <b>Bartlesville</b>	State <b>OK</b>
Zip <b>74003</b>		Zip <b>74003</b>	
Manager Name <b>Earl Robinson, CFO</b>		Manager Name	
Street Address <b>312 SE Delaware Ave</b>		Street Address	
City <b>Bartlesville</b>	State <b>OK</b>	City	State
Zip <b>74003</b>		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>NATIONAL REGISTERED AGENTS, INC.</b>		Address	
Address <b>222 JEFFERSON BOULEVARD, SUITE 200</b>		City <b>WARWICK</b>	Zip <b>02888</b>

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



\* 1 1 3 3 8 6 \*

File Date	<b>10-14-03</b>
Check No.	<b>3255</b>
By	<b>Earl Robinson</b>
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.

**Earl Robinson** 9-12-03  
Signature of Authorized Person Date  
**Earl P. Robinson**  
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 <b>113386</b>		2 Exact name of the limited liability company <b>ENHANCED COMMUNICATIONS GROUP, L.L.C.</b>	
3 State of Formation <b>OKLAHOMA</b>		4 Brief description of the character of the business which is actually conducted in Rhode Island <b>RESALE OF LONG DISTANCE TELECOMMUNICATIONS SERVICE</b>	
5 Principal office address <b>312 SE Delaware Ave</b>		City <b>Bartlesville</b>	State <b>OK</b>
		Zip <b>74005</b>	
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name <b>Earl Robinson</b>		Contact Title <b>CFO</b>	
Street Address <b>312 SE Delaware Ave</b>		City <b>Bartlesville</b>	State <b>OK</b>
		Zip <b>74005</b>	
7 NAME AND ADDRESS OF EACH MANAGER OR MEMBER OF THE LIMITED LIABILITY COMPANY			
ANY MODIFICATIONS TO MANAGERS REQUIRE FILING OF AFFIDAVIT, R.I.G.S. 12-6-1			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8 RESIDENT AGENT IN RHODE ISLAND OR NO. AFTER CHANGING (require filing of form 6-2-3-6-1-11-1)			
Agent Name <b>NATIONAL REGISTERED AGENTS, INC.</b>		Address	
Address <b>222 JEFFERSON BOULEVARD, SUITE 200</b>		City <b>WARWICK</b>	Zip <b>02888</b>

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



\* 1 1 3 3 8 6 \*

File Date <b>1-14-03</b>
Check No. <b>40114</b>
By <b>OC</b>
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.

**Earl P Robinson** 9-19-0  
Signature of Authorized Person Date  
**Earl P Robinson**  
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number FLLC 113386

Annual Report for the year 2001

1. The name of the limited liability company is:

ENHANCED COMMUNICATIONS GROUP, L.L.C.

2. The address of the principal office of the limited liability company is:

312 SE DELAWARE AVE. BARTLESVILLE, OK 74003

3. The state or other jurisdiction under the laws of which it is formed is OKLAHOMA

4. The name and address of its resident agent is: NATIONAL REGISTERED AGENTS, INC.

222 JEFFERSON BOULEVARD, SUITE 200 WARWICK RI 02888-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Jeff Holley, 312 SE Delaware Ave., Bartlesville,  
OK 74003

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Resale of long distance telecommunications services.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address

Dated 10/11/01



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.

ENHANCED COMMUNICATIONS GROUP, LLC  
Exact Name of Limited Liability Company

By Jeff Holley  
PRESIDENT

Title

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-15-01</u>
Check No.:	<u>9754</u>
By:	<u>2</u>

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained from the Secretary of State's office at 401-222-3040 or from our web site at [www.state.ri.us](http://www.state.ri.us)