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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021 **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.

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Entity ID Number	2. Exact nam	2. Exact name of the Limited Liability Company				
001708028	BROADSOFT ADAPTION LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island VOIP TECHNOLOGY					
517919						
5. State of Formation						
DE						
6. Principal Office Address			City	State	Zip	
170 W. TASMAN DR.			SAN JOSE	CA	95134	
7. Mailing Address of Limited Li	ability Compan	y and Name or Tit	le of Contact Person	•		
Contact Name TRISHA MOK			Contact Title TAX MANAGER			
Street Address 170 W. TASMAN DR.			City SAN JOSE	State CA	^{Zip} 95134	
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST N	MEMBERS	
Manager Name EVAN SLOVES			Manager Name			
Street Address 170 W. TASMAN DR.			Street Address			
City SAN JOSE	State CA	Zip 95134	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>		<u> </u>	Check the box to in	ndicate an attachment	
9. The Resident Agent informati						
Under penalty of perjury, I dec statements, and that all stater	lare and affirm nents contains	n that I have exa ed herein are tru	mined this report, including and correct.	g any accompanying	schedules and	
Name of Authorized Person				Date	Date	
EVAN SLOVES				10/12/01		
Signature of Authorized Person	٤,					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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