



Annual Report for the year: 2023  
 Limited Liability Company

- Filing period February 1 - May 1
- Filing Fee \$50.00
- Penalty Additional \$25.00 fee if form is not filed by May 31

FILED  
 STATE  
 FEB 02 2023  
 BY 4511  
 ES

|  |  |  |                    |
|--|--|--|--------------------|
| 1. Entity ID Number<br><u>01675801</u>   |  | 2. Exact name of the Limited Liability Company<br><b>SERVICE AREA 5 CABLE LLC</b>                        |                    |
| 3. NAICS Code<br><b>517111</b>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Telecommunications</b> |                    |
| 5. State of Formation<br><b>RHODE ISLAND</b>   |  |  |                    |
| 6. Principal Office Address<br><b>57 EVERETT STREET</b>  |  | City<br><b>WARREN</b>  | State<br><b>RI</b> |
| Zip<br><b>02885</b>  |  |  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |  |                    |
| Contact Name<br><b>JANET UNANGST</b>   |  | Contact Title<br><b>BUSINESS OPERATIONS MANAGER</b>  |                    |
| Street Address<br><b>57 EVERETT STREET</b>   |  | City<br><b>WARREN</b>  | State<br><b>RI</b> |
| Zip<br><b>02885</b>  |  |  |                    |
| 8. 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<br><b>JANET UNANGST</b>  |  | Date<br><b>01/31/2023</b>  |                    |
| Signature of Authorized Person<br>   |  |  |                    |

**MAIL TO:**  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov