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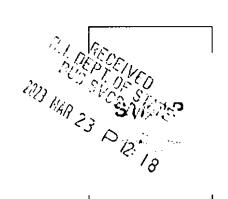


State of Rhode Island

## **Department of State - Business Services Division**

## **Application for Transfer of Authority**

FOREIGN Business Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation



Pursuant to the applicable provisions of RIGL Title <u>7</u>, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number:	The full name of the entity filing this application is:			
000112467	METROPOLITAN TEL	LECOMMUNICATIONS OF RHODE ISLAND INC.		
The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)				
Limited Liability Company	Company			
Limited Partnership Limited Liability Partnership				
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)				
Limited Liability Company (RIGL <u>7-16-52.1</u> )  Business Corporation (RIGL <u>7-1.2-1411.1</u> )				
Non-Profit Corporation (RIGL <u>7-6-80.1</u> )  Limited Partnership or Limited Liability Limited Partnership (RIGL <u>7-13.1-1009</u> )				
Limited Liability Partnership (RIGL 7-12.1-1009)				
The date the applicant qualified to conduct business in		6. The jurisdiction upon transfer of authority is:		
Rhode Island is: 05/15/2000		Delaware		
7. The name of the entity following the transfer of authority is:				
METROPOLITAN TELECOMMUNICATIONS OF RHODE ISLAND LLC				
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY				
Application for registration for a Limited Liabilty Company				
Application for certificate of authority for a Business Corporation				
Application for certificate of authority for a Non-Profit Corporation				
Statement of registration for a Limited Partnership				
Statement of registration for a registered Limited Liability Partnership				
8(a). This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good				
Standing/Legal Existence from the current jurisdiction of the entity.				

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: <u>www.sos.n.gov</u>

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TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY  Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth above.			
Type or Print Name of Limited Liability Company			
Signature of Authorized Person	Date		
Signature of Authorized Person	Date		
Type or Print Name of Corporation			
METROPOLITAN TELECOMMUNICATIONS OF RHODE ISLAND INC.			
Signature of Authorized Person	Date 03/20/2023		
Signature of Authorized Person	Date		
Type or Print Name of Partnership			
Signature of Partner	Date		
Signature of Partner	Date		
Signature of Partner	Date		
Type or Print Name of Other Entity			
Signature of Authorized Person	Date		
Signature of Authorized Person	Date		

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

March 23, 2023 12:18 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

