		of Rhode Islan e Secretary of		Fee: \$50.00
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
1636	(40	1) 222-3040		
Limited Liability Annual Report Filing Period: Febru				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024				
1. ID No. 000123525				
2. Exact Name of the Limited Liability Company Crown Castle Fiber LLC				
3. State of Forma	tion			
State: <u>NY</u>				
NAICS CODE				
-	NAICS Code that best describ of codes <u>here.</u> More information			· · ·
<u>531190</u>				
4. Brief Descriptio Island	on of the Character of the Bus	siness Which is	Actually Condu	ucted in Rhode
COMMUNICATIONS INFRASTRUCTURE				
5. Principal Office	e Address			
No. and Street:	8020 KATY FREEWAY			
City or Town:	HOUSTON	State: <u>TX</u>	Zip: <u>77024</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: C	ontact Title:			
No. and Street:	8020 KATY FREEWAY			
City or Town:	HOUSTON	State: TX	Zip: <u>77024</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST				
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PROVIDENCE, RI 02914

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 18 Day of April, 2024 at 5:13:16 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>LESLIE STORM</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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