STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No. **000125355**	2. Exact name of the limited liability company **RIDLEY TELEPHONE COMPANY, LLC**
3. State of Formation **DELAWARE**	4. Brief description of the character of business conducted in Rhode Island **TELECOMMUNICATIONS SERVICE PROVIDER**

5. Principal office address	City	State	Zip
470 NORRISTOWN RD, SUITE 201	BLUE BELL	PA	19422

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
JAMES FIUMARA	MANAGING MEMBER

Street Address	City	State	Zip
PO BOX 365	CHESTER HEIGHTS	PA	19017

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
JAMES FIUMARA	PO BOX 365	CHESTER HEIGHTS	PA	19017

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

2013 MAY 15 AM 11:12

FILED
MAY 15 2013
BY 197263
11:12

File Date _____

Check No _____

By: _____

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.

Signature of Authorized Person — Date: 5/13/13

JAMES FIUMARA
Print or Type Name of Authorized Person

Form No. 632
Rev. Reg. 01/2012

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