RALPH MOIL	State of Rhode Island and Providence Plantations F Office of the Secretary of State			
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040				
Limited Liability Con Annual Report Filing Period: September a				
In accordance with R.I.G.L to file its annual report with 16-66(b&c)) is subject to a	nin thirty (30) days after th		, , ,	
ANNUAL REPORT YEAR: 2013				
1. ID No. <u>000160657</u>				
2. Exact Name of the Limited Liability Company VERIZON ENTERPRISE DELIVERY LLC				
3. State of Formation				
State: <u>DE</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>TO PROVIDE SERVICES TO COMPANIES PROVIDING TELECOMMUNICATIONS</u> <u>SERVICES</u>				
5. Principal Office Addr	ess			
PO	E VERIZON WAY BOX 627 SKING RIDGE	State: <u>N</u>	<u>1</u> Zip: <u>07920</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact Title: No. and Street: <u>ONE VERIZON WAY</u> PO BOX 627				
	SKING RIDGE	State: <u>NJ</u>	Zip: <u>07920</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Na	-		dress
MANAGER	First, Middle, Last, Suffix PAUL L. MATTIOLA		Address, City or Town, State, Zip Code, Country ONE VERIZON WAY PO BOX 627 BASKING RIDGE, NJ 07920 USA	
8. RESIDENT AGENT IN Changes Require Filir	RHODE ISLAND - DO NO ng of Form 642 - R.I.G.L			

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 7 Day of October, 2013 at 11:29:49 AM 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>MICHELLE DONATO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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