



**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE**

Annual Return and Revenue Statement
for calendar year ending December 31, _____

1. Legal name of registered company _____
2. Doing business as (DBA) in MA, if any _____
3. Federal Employee Identification Number (FEIN) _____
4. Address of its principal office _____
City _____ State _____ Zip Code _____
5. Address of regulatory office, if different from principal office _____
City _____ State _____ Zip Code _____
6. Mailing address, if different from above _____
City _____ State _____ Zip Code _____
7. Main/General Telephone Number _____
8. Has company changed its registered and/or operating name(s) during the calendar year?
 No
 Yes, If 'yes' provide the following information below:
Previous name(s) _____
DBA _____
FEIN _____
Date of change/reason _____

Annual Return and Revenue Statement
for calendar year ending December 31, _____

- 9. Legal name of registered company _____
- 10. Date and state of incorporation _____
- 11. Long-term debt \$ _____ Short-term debt \$ _____
- 12. Capital stock authorized \$ _____ Capital stock outstanding \$ _____
- 13. Dividends paid out \$ _____ Dividends declared \$ _____
- 14. Briefly describe company's business operations in MASSACHUSETTS:

Signature and Oath of Treasurer and Chief Accounting Officer

We hereby certify that all statements contained in this return are full, just and true on this,
_____ day of _____, in the year _____

Treasurer

Signature	Name (print or type)
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Chief Accounting Officer:

Signature	Name (print or type)
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If signatures of the above two parties were affixed outside of the Commonwealth of Massachusetts, they must be properly sworn to, in person, as attested to by a Notary Public:

Signature	Address (city, state and zipcode)
Name (print or type)	My commission expires on: _____ (mm/yyyy)

REVENUE STATEMENT*for calendar year ending December 31, _____*

1. Legal name of registered company _____
2. DBA in MA, if any _____
3. Federal Employee Identification Number (FEIN) _____
4. MA **Intrastate Operating Revenue** \$ _____
5. MA **Intrastate** Operating Expenses \$ _____

CONTACT INFORMATION

Questions regarding the information provided in this annual return, and **regulatory assessment invoices should be directed to:**

Please check if the contact information has changed since last filing.

Contact Name & Title _____

Address: _____

City _____ State _____ Zip Code _____

Contact's telephone number _____

Contact's E-mail address _____

I hereby certify, under penalty of perjury, that the foregoing statement is true to the best of my knowledge and belief.

Name/Title (print or type) _____

Signature _____ Date _____

TSPs can submit an original and one full copy of the completed forms to the address below, or, alternatively, can file by email attachment to dte.efiling@mass.gov. Regardless of filing method, TSPs are required to submit to the address below a \$5.00 filing fee, check payable to the "Commonwealth of Massachusetts."

Department of Telecommunications and Cable
Attn: Shonda D. Green, Department Secretary
1000 Washington Street, Suite 600
Boston, MA 02118-6500