

**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)

**Chief Accounting Officer:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print or type)

**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 zip code)

\_\_\_\_\_  
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](mailto: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: Ursula Estremera, Department  
Secretary One Federal Street, Suite 0740  
Boston, MA 02110-2012**