

59151

4786



December 21, 2017

Submitted via Overnight

**RI Public Utilities Commission,
Attn: Brian Kent
89 Jefferson Boulevard,
Warwick, RI 02888**

RECEIVED
2018 JAN - 8 PM 4: 41
PUBLIC UTILITIES COMMISSION

Re: ITC Global Networks, LLC
VoIP Application

Dear Sir/Madam:

Our customer formally submits the application as attached. The contact information for regulatory filings is as below:

Service Area: Statewide
Regulatory Contact:
Name: Beth Brandenstein
Title: Compliance Director
Address: 1595 Peachtree Parkway Ste. 204-337 Cumming GA 30041
Phone Number: 678-203-0276
E-Mail Address: beth@gsaudits.com

Please contact me if you have any questions or if I may provide you with any additional information. Could you please return one date stamped copy of this submission?

Respectfully submitted,

Samantha Maqueo
Regulatory Affairs
GSA
678-786-4200

RI Public Utilities Commission, 89 Jefferson Boulevard, Warwick, RI 02888
Voice: 401-941-4500 • Email: thomas.kogut@dpuc.ri.gov

Submit Original plus 3 copies of Complete Package AND Check (see 4a or 4b below)

1. A telecommunication services supplier must file a Statement of Business Operations ("SBO"), including the following information in a question – answer format.

a. Corporate name, complete address, telephone/fax numbers, e-mail address

ITC Global Networks, LLC4242 Mauch Chunk Rd, Coplay, PA 18037

b. Local Company name, complete address, telephone/fax numbers, e-mail address

c. Business locations.

None in Rhode Island

d. Service agent, complete address, telephone/fax numbers, e-mail address

Cogency Global Inc.
222 Jefferson Boulevard
Warwick, RI 02888

e. Attorney of record, complete address, telephone/fax numbers, e-mail address

f. Corporate officers and major stockholders or partners holding a ten percent or greater equity interest.

Allen M. M. George. Jr.

Vice President

Patricia L. Stewart

Secretary / Treasurer

g. General description of operations.

Voice over Internet Protocol

h. Description, in detail, of the customer service organization to be employed in serving carriers and end users.

Our repair department can be contacted at 1-855-226-0530 and is available 7-24-365.
Email repair requests can be made at support@irontonglobal.com. The procedure is:

i. Customer service contact, complete address, telephone/fax numbers, e-mail address

The contact person for consumer complaints is Sarah Neill,

Gale Bennett , 610-799-0242 Director HR& Customer Service

j. Regulatory contact person, complete address, telephone/fax numbers, e-mail address

Beth Brandenstein
VP, Compliance Operations
Global Strategic Accountants, LLC
6250 Shiloh Rd. Suite 240
Alpharetta, GA 30005
678-203-0276 Direct
678-329-3329 Fax

k. Company web site URL, if available.

accountspayable@irontonglobal.com

2. Provide evidence, in exhibit form, of authorization from the Rhode Island Secretary of State, 148 West River St., Providence, RI 02904 (401-222-3040), to do business in Rhode Island. Any filing not including this requirement will be put on hold until the documentation is received or the filing package will be return for deficiencies. And supply the "d/b/a name form" from the Secretary of State if using a fictitious name within the state. (see requirements below for this procedure)

3. All telecommunication service supplier applicants must file latest company's stated financial position.

4.a. Only the CLEC (Class I and Class VI) may file tariffs at a later date; 30 days before commencing operations in the state. Filing must include a **check in the amount of \$300.00**, made payable to "State of Rhode Island".

4.b. All non CLEC (Class II, III, IV, V) telecommunication service suppliers filing must include tariffs leaving the effective date BLANK. Filing must also include a **check in the amount of \$250.00**, made payable to "State of Rhode Island".



State of Rhode Island and Providence Plantations
Department of State - Business Services Division
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
 RI DEPT. OF STATE
 BUS SVCS DIV
 2017 OCT 12 PM 12:04

**Application for Registration
 Foreign Limited Liability Company
 Filing Fee: \$150.00**

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

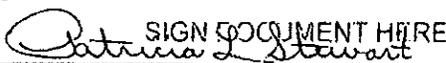
1. The name of the limited liability company is:		
ITC GLOBAL NETWORKS, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of:	PA	
3. The date of its organization is:	03/16/2012	
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name		
COGENCY GLOBAL INC.		
Street Address (NOT a P.O. Box)		
222 Jefferson Boulevard		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	02888
5. The Department of State is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.		
6. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:		
4242 Mauch Chunk Rd. Coplay, PA 18037-2107		

FILED *c*

OCT 12 2017

12:04

BY *CA 314697*

7. The mailing address for the limited liability company is:		
4242 MAUCH CHUNK RD. COPLAY, PA 18037-2107		
8. Management of the Limited Liability Company:		
The limited liability company is managed:		
<input type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)		
<input checked="" type="checkbox"/> By one (1) or more managers (List managers below)		
MANAGER	ADDRESS	
Patricia L Stewart	4242 MAUCH CHUNK RD. COPLAY, PA 18037-2107	
Allen M. M. George, Jr.	4242 MAUCH CHUNK RD. COPLAY, PA 18037-2107	
9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.		
10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____		
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Signature of Authorized Person	Type or Print Name of LLC	Date
 SIGN DOCUMENT HERE	ITC GLOBAL NETWORKS, LLC	10/10/17

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

10/11/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ITC Global Networks, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 OCT 12 PM 12:04

Certification Number: TSC171011151662-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>



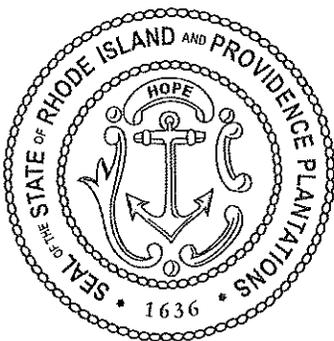
State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

October 12, 2017 12:04 PM

A handwritten signature in black ink, appearing to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State



**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

**Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)**

Name Charles E. Thomas, Jr., Esq.		
Address P.O. Box 9500		
City	State	Zip Code
Harrisburg, PA		17108-9500

Document will be returned to the name and address you enter to the left.

←

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (<i>designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation</i>): ITC Global Networks, LLC
--

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:				
(a) Number and Street 4242 Mauch Chunk Road	City Coplay	State PA	Zip 18037	County Lehigh
(b) Name of Commercial Registered Office Provider c/o:				County

3. The name and address, including street and number, if any, of each organizer is (<i>all organizers must sign on page 2</i>):	
Name	Address
Ironton Telephone Company	4242 Mauch Chunk Road, Coplay, PA 18037

Attachment to
Certificate of Organization
of
ITC Global Networks, LLC

- 8.a. The company shall have perpetual existence.
- 8.b. Except as otherwise provided by resolution adopted by the managers or in the operating agreement of the company, the managers may act only collectively as a committee and by resolution duly adopted. Individual managers shall have only such authority and perform only such duties as the management committee may from time to time delegate to them.
- 8.c. This certificate of organization and the operating agreement of the company may be amended in the manner prescribed at the time by statute, and all rights conferred upon members in this certificate of organization or the operating agreement of the company are granted subject to this reservation.

One (1) required

BUREAU USE ONLY:	
Dept. of State Entity #	_____
Dept. of Rev. Box #	_____
Filing Period _____	Date 3 4 5 _____
SIC/NAICS _____	Report Code _____

Check proper box:

Pennsylvania Entities

<input type="checkbox"/> business stock
<input type="checkbox"/> business non-stock
<input type="checkbox"/> professional
<input type="checkbox"/> nonprofit stock
<input type="checkbox"/> nonprofit non-stock
<input type="checkbox"/> statutory close
<input type="checkbox"/> management
<input type="checkbox"/> cooperative
<input type="checkbox"/> insurance
<input checked="" type="checkbox"/> limited liability company
<input type="checkbox"/> restricted professional
<input type="checkbox"/> limited liability company
<input type="checkbox"/> business trust

Foreign Entities

State/Country _____ Date _____

<input type="checkbox"/> business
<input type="checkbox"/> nonprofit
<input type="checkbox"/> limited liability company
<input type="checkbox"/> restricted professional
<input type="checkbox"/> limited liability company
<input type="checkbox"/> business trust

Other

<input type="checkbox"/> domestication
<input type="checkbox"/> division
<input type="checkbox"/> consolidation

1. Entity Name: _____ ITC Global Networks, LLC _____

2. Individual name and mailing address responsible for initial tax reports: Patricia L. Stewart 4242 Mauch Chunk Rd., Coplay, PA 18037 Name Number and street City State Zip
--

3. Description of business activity: _____ VoIP telecommunications services _____
--

4. Specified effective date, if any: _____ month/day/year hour, if any _____
--

5. EIN (Employer Identification Number), if any: _____

6. Fiscal Year End: _____ December 31 _____
--

7. Fictitious Name (only if foreign corporation is transacting business in PA under a fictitious name): _____
--



Business License Delinquent Notice



License No.	Expiration Date	Activity No.
BL-23602	12/31/2016	00034653
License Description		
Business License		

PLEASE RETURN THIS ENTIRE FORM WITH YOUR PAYMENT

EN TOUCH WIRELESS
 955 KACENA RD, SUITE 1
 HIAWATHA, IA 52233

(A) Business License Fee Due: \$ _____

Use the schedule below to calculate your business license fee:

(B) Penalty = (A) x 0.45 \$ _____

TG1 Retail Gross Receipts Sales And Service:
 REPORTING PERIOD: January 1, 2017 to June 30, 2017

0 - 3,000	\$ 12.50	240,001 - 288,000	\$175.00
3,001 - 6,000	\$ 25.00	288,001 - 360,000	\$195.00
6,001 - 15,000	\$ 37.50	360,001 - 432,000	\$232.00
15,001 - 30,000	\$ 47.50	432,001 - 504,000	\$270.00
30,001 - 45,000	\$ 62.50	504,001 - 612,000	\$325.00
45,001 - 60,000	\$ 75.00	612,001 - 720,000	\$387.50
60,001 - 90,000	\$ 87.50	720,001 - 828,000	\$432.50
90,001 - 120,000	\$100.00	828,001 - 936,000	\$475.00
120,001 - 180,000	\$125.00	936,001 - Infinity	\$500.00
180,001 - 240,000	\$150.00		

(C) State Mandated Disability Access and Education Fee * \$ 1.00

Total Amount Due (A + B + C) \$ _____

Payment Due Date: 07/31/2017

THIS FORM MUST BE COMPLETED AND RETURNED WITH PAYMENT BY THE ABOVE DATE. IF NOT RECEIVED BY THIS DATE, A PENALTY OF 15% WILL BE ADDED AT THE END OF EACH MONTH THE BILL REMAINS UNPAID.

FOR CEASED OR SOLD BUSINESS ONLY: (Choose One)

- No longer doing business in Tulare.
- Business stated above was sold on _____

COMPLETE & RETURN ENTIRE FORM WITH PAYMENT TO:
 CITY OF TULARE
 411 E. KERN AVE.
 TULARE, CA 93274

* Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:
 The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx.
 The Department of Rehabilitation at www.rehab.caliwnet.gov.
 The California Commission on Disability Access at www.cdda.ca.gov.

Please correct any outdated information below:

Business Name: EN TOUCH WIRELESS

License #: BL-23602

Business Phone	Business Fax	Retail Sales Tax #	State Contractor #	State Employer ID
(661) 240-8583				102252140
Business Address: 772 W INYO AVE TULARE, CA 93274-3771				
Mailing Address: 955 KACENA RD, SUITE 1, HIAWATHA, IA 52233				

FORM CANNOT BE ACCEPTED OR PROCESSED WITHOUT SIGNATURE
 I certify the above information is correct:

Signature _____ Print Name _____ Title _____ Date _____