

#5203

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November 18, 2021

VIA OVERNIGHT DELIVERY

Commission Clerk
Department of Public Utilities
89 Jefferson Blvd.
Warwick, Rhode Island 02888
(401) 941-4500

RECEIVED
2021 NOV 19 PM 5:24
PUBLIC UTILITIES COMMISSION

Re: MAXSIP TELECOM CORPORATION
Statement of Business Operations

Dear Sir/Madam:

Enclosed please find for filing an original and three (3) copies of MAXSIP TELECOM CORPORATION's Statement of Business Operations, including a check in the amount of \$300.00 payable to the State of Rhode Island for the filing fee.

MAXSIP TELECOM CORPORATION HAS ENCLOSED ONE COPY OF ITS FINANCIAL STATEMENTS IN A SEPARATE ENVELOPE MARKED "CONFIDENTIAL AND PROPRIETARY" AND RESPECTFULLY REQUESTS CONFIDENTIAL TREATMENT OF THE ENCLOSED FINANCIAL INFORMATION. APPLICANT EXPECTS THAT THIS INFORMATION WILL BE RESTRICTED TO COUNSEL, AGENTS AND EMPLOYEES WHO ARE SPECIFICALLY ASSIGNED TO THIS APPLICATION BY THE COMMISSION.

I have also enclosed an extra copy of this letter to be date stamped and returned to me in the enclosed, self-addressed, postage prepaid envelope. If you have any questions or if we may provide you with any additional information, please do not hesitate to contact us.

Respectfully submitted,



Lance J.M. Steinhart, Esq.
Managing Attorney
Lance J.M. Steinhart, P.C.
Attorneys for MAXSIP TELECOM CORPORATION

Enclosures

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
PUBLIC UTILITIES COMMISSION**

STATEMENT OF BUSINESS OPERATIONS

FOR

MAXSIP TELECOM CORPORATION

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

MAXSIP TELECOM CORPORATION

708 Central Avenue
Woodmere, New York 11598
Telephone: (516) 866-7300
Facsimile: (516) 866-7399
E-mail: israel@maxsip.com
Web-site: www.maxsip.com

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

MAXSIP TELECOM CORPORATION

708 Central Avenue
Woodmere, New York 11598
Telephone: (516) 866-7300
Facsimile: (516) 866-7399
E-mail: israel@maxsip.com
Web-site: www.maxsip.com

There are no plans for MAXSIP TELECOM CORPORATION to have an office in Rhode Island at this time.

3. Business locations:

708 Central Avenue
Woodmere, New York 11598

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

Incorp Services, Inc.
222 Jefferson Blvd., Suite 200
Warwick, RI 02888
Telephone: (800) 246-2677
Facsimile: (702) 866-2689
E-mail: document@incorp.com

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

Lance J.M. Steinhart
Lance J.M. Steinhart, PC
1725 Windward Concourse, Suite 150
Alpharetta, Georgia 30005
Telephone: (770) 232-9200
Facsimile: (770) 232-9208
E-mail: info@telecomcounsel.com

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

Israel Max, Chief Executive Officer - 100%

The above officer can be reached at:
MAXSIP TELECOM CORPORATION
708 Central Avenue
Woodmere, New York 11598
Telephone: (516) 866-7300
Facsimile: (516) 866-7399

7. General Description of operations:

Upon initiation of service in Rhode Island, MAXSIP TELECOM CORPORATION, ("Maxsip") proposes to offer fixed Voice-over Internet Protocol ("VoIP") services to residential and business customers utilizing the facilities of its underlying carriers.

Maxsip is currently registered to provide fixed VoIP and Wireless services in Colorado, Indiana, Iowa, Kentucky, Michigan, Montana, Nebraska, Nevada, North Dakota, South Carolina, South Dakota, Vermont, West Virginia, and Wisconsin. Maxsip has not been denied authority for any of the services for which it seeks authority in this Application.

8. Description of Registrant's Customer Service Organization:

Maxsip's customer service department may be contacted nationwide via a toll-free number, (866) MAXSIP-1 (866-629-7471).

Maxsip will maintain a Customer Service Department exclusively for Customer's questions, requests for service, complaints and trouble handling. The Customer Service address and toll free number(s) will be printed on the Customer's bill.

Office Hours- Excluding holidays, Customer Service Representatives will be available

8:00 AM to 5:00 PM standard time Monday through Friday. After hours, Sundays and on holidays, Customers will automatically be forwarded to an answering service for messaging and paging.

Complaint Procedures- The Customer shall pose any inquiries or disputes directly to the Company for resolution. Written communications should be directed to the Company's Customer Service department. All undisputed portions of any outstanding balance due are to be paid while resolution of the inquiry or dispute is pending. The Company will investigate a Customer inquiry or dispute and report the findings to the Customer. If the Company finds its actions to be consistent with its Tariff, the Company will inform the Customer of its no fault finding and require full payment of any outstanding balance due. If the Customer is not satisfied with the Company's resolution of an inquiry or dispute, the Customer may refer the matter to the Rhode Island Public Utilities Commission for final determination.

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

Israel Max, Chief Executive Officer
MAXSIP TELECOM CORPORATION
708 Central Avenue
Woodmere, New York 11598
Telephone: (516) 866-7300
Facsimile: (516) 866-7399
E-mail: Israel@maxsip.com

10. Registrant's Regulatory Contact:

Matt Dean, Regulatory Manager
FASTek Compliance Solutions
1725 Windward Concourse
Suite 150
Alpharetta, Georgia 30005
Telephone: (678) 672-2800
E-mail: regcompliance@fastektax.com

11. Company web site URL, if available.

www.maxsip.com

LIST OF EXHIBITS

EXHIBIT 1 - AUTHORIZATION FROM SECRETARY OF STATE

EXHIBIT 2 - FINANCIAL STATEMENTS

EXHIBIT 1 - AUTHORIZATION FROM SECRETARY OF STATE

See Attached



RECEIVED
 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION
 2021 OCT 29 11 AM 10:49

Application for Certificate of Authority
 FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: MAXSIP TELECOM CORPORATION		
2. It is incorporated under the laws of: NY		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 05/08/2008		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 708 Central Avenue, Woodmere, NY 11598		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name Incorp Services, Inc.		
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Blvd., Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

STAMP
 RECEIVED
 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

To provide telecommunication services.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Israel Max	708 Central Avenue, Woodmere, NY 11598
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
200	Common	A	0.00

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 _____ %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 _____ %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer

Israel Max

Date

9/22/21

Signature of Authorized Officer of the Corporation

X



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.



Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. **All fields are REQUIRED.**

Name: Lance Steinhart		Date: 10/27/2021
Proposed Entity Name: MAXSIP TELECOM CORPORATION		
Street Address: 1725 Windward Concourse, Ste 150		
City: Alpharetta	State: GA	Zip Code: 30005
Email Address: info@telecomcounsel.com		Phone Number: 770-232-9200



State of Rhode Island
Department of State - Business Services Division

License Fee Worksheet
for a Certificate of Authority by a Foreign Business Corporation

Section 7-1.2-1602 of the General Laws of Rhode Island, 1956, as amended

Use worksheet to calculate the corporation's license fee:	
1. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located: \$ 0 _____	(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year: \$ 0 _____
c) Estimate, as a percentage, the proportion that the estimated value of the property of the corporation to be located within Rhode Island during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located: (Note: Divide (1b) by (1a) and multiply by 100 to obtain the percentage.) 0 _____ %	
2. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year: \$ 10,000 _____	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year: \$ 0 _____
(c) Estimate, as a percentage, the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year: (Note: Divide (2b) by (2a) and multiply by 100 to obtain the percentage.) 0 _____ %	

*This worksheet is NOT a public document and will NOT be imaged.

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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.

FORM 150 - Revised: 08/2020

EXHIBIT 2
FINANCIAL STATEMENTS

**FINANCIAL STATEMENTS ARE IN A SEPARATE ENVELOPE MARKED
“CONFIDENTIAL AND PROPRIETARY”.**