

December 21, 2017

Submitted via Overnight

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

Re:

B A Telecom, Inc.

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

B A Telecom, Inc., 1550 Scenic Ave., Suite 100, Costa Mesa, CA 92626, 714-271-5500,

- 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 Nowalsky & Gothard 1420 Veterans Blvd. Metarie, LA 70005 (504) 832-1984.
- f. Corporate officers and major stockholders or partners holding a ten percent or greater equity interest.

David Glickman

Secretary

Jesse Anderson

Director

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.

The contact person for consumer complaints is Sarah Neill, General Manager. Her email is Sarah@hometowntelecom.com and phone number is 917-257-9674.

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

The contact person for consumer complaints is Sarah Neill, General Manager. Her email is Sarah@hometowntelecom.com and phone number is 917-257-9674.

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.

http://www.indiald.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".

EXHIBIT 2

RI SOS Filing Number: 201744773740 Date: 6/5/2017 11:57:00 AM

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State of Rhode Island and Providence Plantations	Γ	23	
Department of State - Business Services Division	l	₹	70
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Certificate of Authority		din	8.7
FOREIGN Corporation			
→ Filing Fee: \$310.00 minimum		A	11157
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Pursuant to the provisions of RIGL <u>7-1.2-1405</u> , the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and or that purpose submits the following statement:		7	•
1. The name of the corporation is:			
P.A.Tulanana I.			
B A Telecom, Inc.		<u> </u>	
2. It is incorporated under the laws of: Nevada			
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 or "limited," or an abbreviation thereof, then list the name of the corporation with the above corporate endings for use in Rhode Island:	additio	n of one	of the
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name us corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name of the Island as stated in the			nt" to be
4. The date of its incorporation is: 7/16/2009			
And the period of its duration is: CHECK ONLY ONE BOX XX Perpetual (on-going)		-v <u>-</u>	
Date certain for dissolution			
5. The address of its principal office is:			
1550 Scenic Ave., Ste. 100, Costa Mesa, CA 9262	<u>:6</u>		
3. The name and address of the initial registered agent/office of in Rhode Island:			
Agent Name COGENCY GLOBAL INC.			ł
Street Address (NOT a P.O. Box)	·····		
222 Jefferson Boulevard,			

MAIL TO:

City/Town

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Warwick

Phone: (401) 222-3040 Website: www.sos.ri.gov

Zip Code

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7. The purpose or purp	loses which it proposes to pursua	in the transaction of business in Rhode Island are:		
The purpose of purp				
	Teleco	ommunications		
9 (a) The names and				
state or country of which	espective addresses of its director in it is incorporated):	rs (optional, unless directors are required under the laws of the		
NAME		ADDRESS		
0 (h) The		Check the box to indicate an attachment.		
of the state or country o	espective addresses of its principal f which it is incorporated):	d officers (mandatory if directors are not required under the laws		
OFFICE	NAME	ADDRESS		
PRESIDENT				
VICE PRESIDENT				
TREASURER				
••• <u>•</u> •				
SECRETARY	David Glickman	1550 Scenic Ave., Suite 100, Costa Mesa, CA 92626		
		Check the box to Indicate an attachment.		
9. The aggregate number par value, and series, if	er of shares which it has authority tany, within a class, is:	to issue; itemized by classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS	SERIES PAR VALUE OR STATE NO PAR VALUE		
75,000	Common	No par value		
0. (a) Estimate, in dolla	ars, the value of all property to be	(b) Estimate, in dollars, the value of the corporation's property		
wned by the corporation ocated:	for the following year, wherever	to be located within Rhode Island during the following year:		
\$ <u>0</u>		\$_0		
c) Estimate, as a percer	ntage, the proportion that the estin	mated value of the property of the corporation to be located		
riviin viis state duning th	e following vear bears to the value	a) and multiply by 100 to obtain the percentage.		
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%		! !		

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.		ross amount of business to be at or from places of business in wing year.			
\$ 1,500,000	\$ 5.000				
(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 (11b) by (11a) and multiply by 100 to obtain the percentage. 0.3 %					
12. This application must be 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 incorporated that is dated within 60 days of the filing of this document.					
13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX					
■ Date received (Upon filing)					
Later effective date (Date must be no more than 90 days from the day of filling)					
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		Date			
David Glickman		Slister			
Signature of Authorized Officer of the Corporation SIGNADOSUMENT HERE					

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **B A TELECOM**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 16, 2009, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 16, 2017.

Barbara K. Cegavske

Barbara K. Cegavske

Secretary of State

Electronic Certificate
Certificate Number: C20170516-0187
You may verify this electronic certificate
online at http://www.nvsos.gov/

RI SOS Filing Number: 201744773740 Date: 6/5/2017 11:57:00 AM



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:

June 05, 2017 11:57 AM

Nellie M. Gorbea Secretary of State

Tullin U. Kalen



EXHIBIT 3