

Federal Communications Commission
Washington, D.C. 20554Approved by OMB
3060-0010 (June 2014)

FOR FCC USE ONLY

FCC 323

OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS

FOR COMMISSION USE ONLY
FILE NO. BOA-20151201AMJ
Section I - General Information

1.	Legal Name of the Respondent NORTHEAST DIGITAL AND WIRELESS, INC.		
	Street Address (1) 288 SOUTH RIVER ROAD		
	Street Address (2)		
	City BEDFORD	State or Country (if foreign address) NH	ZIP Code 03110 -
	Telephone Number (include area code) 6036686400	E-Mail Address (if available) LISAB@NEBCAST.COM	
	FCC Registration Number: 0024725970	Call Sign WWMP	Facility ID Number 20592
2.	Contact Representative LISA BURGESS		Firm or Company Name NORTHEAST DIGITAL AND WIRELESS INC
	Street Address (1) 288 SOUTH RIVER ROAD		
	Street Address (2)		
	City BEDFORD	State or Country (if foreign address) NH	ZIP Code 03110 -
	Telephone Number (include area code) 6036689999	E-Mail Address (if available) LISAB@NEBCAST.COM	
3.	Nature of Respondent (See Instructions for definitions) <input type="radio"/> Licensee <input type="radio"/> Permittee <input checked="" type="radio"/> Entity with an attributable interest		
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input checked="" type="radio"/> Other Other <input type="radio"/> N/A (Fee Required)		
5.	All of the information furnished in this Report is accurate as of 10/01/2015 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60</i>		

<i>days prior to the date of filing when filing a non-biennial Ownership Report.)</i>	
6. Purpose: This Report is filed for: (choose one)	
a. <input checked="" type="radio"/> Biennial	
b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)	
c. <input type="radio"/> Transfer of Control or Assignment of License/Permit	
d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.	
e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)	
f. <input type="radio"/> Amendment to a previously filed Ownership Report	File Number: -
If an Amendment, submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.	[Exhibit 1]

7. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:				
Licensee Name			Licensee's FCC Registration Number (FRN)	
RADIO BROADCASTING SERVICES, INC.			0003780095	
Station List This Report is filed for the following stations:				
Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	WWMP	20592	WATERBURY , VERMONT	FM Station
2.	WRSA	34812	ST ALBANS , VERMONT	AM Station
3.	WTWK	27554	PLATTSBURGH , NEW YORK	AM Station
4.	WCAT	73613	BURLINGTON , VERMONT	AM Station
5.	WFAD	53612	MIDDLEBURY , VERMONT	AM Station
6.	WIFY	83867	ADDISON , VERMONT	FM Station

8. Respondent is:		
<input type="radio"/> Sole Proprietorship <input checked="" type="radio"/> For-profit corporation If "Other," describe nature of the Respondent in an Exhibit.	<input type="radio"/> Not-for-profit corporation <input type="radio"/> General partnership	<input type="radio"/> Limited partnership <input type="radio"/> Other [Exhibit 2]

Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/JSA or network affiliation agreements.

☐ Not Applicable

Contract Information

Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (check all that apply)
1.	CERTIFICATE OF INCORPORATION	STATE OF DELAWARE	Month FEBRUARY Year 2014	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
2.	BY LAWS	RESPONDENT	Month FEBRUARY Year 2014	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)

☐ Not Applicable

Capitalization Information

Copy	Class of stock (preferred, common or other)	Voting or Non-voting	Number of shares				
			Authorized	Issued and Outstanding	Treasury	Unissued	
1.	<input type="radio"/> Preferred <input checked="" type="radio"/> Common <input type="radio"/> Other (specify)	<input checked="" type="radio"/> Voting <input type="radio"/> Non-Voting	1000	862	0	138	

3. (a.) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent

that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report or file separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interests Information

Copy 1.	Name	NORTHEAST DIGITAL AND WIRELESS, INC.	
	Address	Street 288 SOUTH RIVER ROAD City/State BEDFORD , NEW HAMPSHIRE Postal/ZIP Code 03110 - Country (if not U.S.)	
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): RESPONDENT	
	FCC Registration Number	0024725970	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) Gender <input type="radio"/> Male <input type="radio"/> Female	

		<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	
		<u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
		<u>Citizenship</u>	
	Percentage of votes	0 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 2.	Name	STEVEN A. SILBERBERG	
	Address	Street 47 HOLBROOK HILL ROAD City/State BEDFORD , NEW HAMPSHIRE Postal/ZIP Code 03110 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor	

		<input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0019958578	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US	
	Percentage of votes	51 %	
	Percentage of equity	51 %	
	Percentage of total assets (equity debt plus)	51 %	
Copy 3.	Name	EDWARD FLANAGAN	
	Address	Street 82 WESTWOOD DRIVE City/State MONTPELIER , VERMONT Postal/ZIP Code 05602 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	

	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0019958636	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US	
	Percentage of votes	9 %	
	Percentage of equity	9 %	
	Percentage of total assets (equity debt plus)	9 %	
Copy 4.	Name Address	STEVEN A. SILBERBERG, TRUSTEE Street 47 HOLBROOK HILL ROAD City/State BEDFORD , NEW HAMPSHIRE Postal/ZIP Code	

	03110 - Country (if not U.S.)	
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest	
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): TRUSTEE	
FCC Registration Number	0019958578	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US	
Percentage of votes	37 %	
Percentage of equity	37 %	

	Percentage of total assets (equity debt plus)	37 %	
(b.)	<p>Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.</p> <p>If "No," submit as an Exhibit an explanation.</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No [Exhibit 3]	
(c.)	<p>Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555?</p> <p>If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special "XML Spreadsheet" format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please Click Here.</p> <p>[Broadcast Interests Subform]</p> <p>[Newspaper Interests Subform]</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No	
(d.)	<p>Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?</p> <p>If "Yes", complete the information describing the relationship.</p> <p>[Enter Familial Relationships Information]</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
(e.)	<p>Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?</p> <p>If "Yes", complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.</p> <p>[Enter Attribution Exemption Information]</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
4.	<p>Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.</p>	<input type="checkbox"/> N/A	

	<p>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.</p> <p>[Enter Respondent Interests Held Information]</p>	
5.	<p>Organizational Chart. LICENSEES ONLY: Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>	<input type="checkbox"/> N/A [Exhibit 5]

SECTION III - CERTIFICATION

I certify that I am PRESIDENT

(Official Title)

of NORTHEAST DIGITAL AND WIRELESS, INC.

(Exact legal title or name of Respondent)

and that I have examined this Report and that to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature	Date
STEVEN A. SILBERBERG	11/30/2015
Telephone Number of Respondent (Include area code) 6036689999	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

Attachment 5

Description[OWNERSHIP FLOWCHART](#)**Spreadsheets****Description**[Broadcast Interests](#)