

State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. **ID No.** 000514445

- 2. Exact Name of the Limited Liability Company Connecticut Business Systems, LLC
- 3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Sales & service of automated office equipment and use ancillary thereto

5. Principal Office Address

No. and Street: 50 ROCKWELL ROAD

City or Town: NEWINGTON State: CT Zip: 06111 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: <u>ALYSSA LE</u> Contact Title: <u>CONTROLLER</u>

No. and Street: 50 ROCKWELL ROAD

City or Town: NEWINGTON State: CT Zip: 06111 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	WILSON VEGA	50 ROCKWELL RD NEWINGTON, CT 06111 USA
MANAGER	THOMAS SALIERNO	3903 NORTHDALE BLVD #200W TAMPA, FL 33624 USA
MANAGER	R EDWARD BASS	3903 NORTHDALE BLVD #200W TAMPA, FL 33624 USA

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 16 Day of October, 2014 at 9:19:40 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By ROXANNE KOSARZYCKI

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations All Rights Reserved