



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000153874		2. Exact name of the Corporation Consumer Cellular, Inc.		
3. Principal office address 7204 SW Durham Road Suite 300		City Portland	State OR	Zip 97224
4. Business Phone No. 503-675-8988		5. State of Incorporation OR		
6. Brief description of the character of business conducted in Rhode Island Telecommunications service provider				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name John Marick		Vice-President Name None		
Street Address 7204 SW Durham Road Suite 300		Street Address 7204 SW Durham Road Suite 300		
City Portland	State OR	Zip 97224	City Portland	State OR
Secretary Name Tami Marick		Treasurer Name Jill Leonetti		
Street Address 7204 SW Durham Road Suite 300		Street Address 7204 SW Durham Road Suite 300		
City Portland	State OR	Zip 97224	City Portland	State OR
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name John Marick		Director Name None		
Street Address 7204 SW Durham Road Suite 300		Street Address 7204 SW Durham Road Suite 300		
City Portland	State OR	Zip 97224	City Portland	State OR
Director Name None		Director Name None		
Street Address 7204 SW Durham Road Suite 300		Street Address 7204 SW Durham Road Suite 300		
City Portland	State OR	Zip 97224	City Portland	State OR
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 18 2015

BY 26771

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative [Signature] Date 03/10/2015
John Marick / President
Print or Type Name of Authorized Representative Jill Leonetti
Treasurer