



OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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 2016

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. 000131567		2. Exact name of the Corporation ORANGE BUSINESS SERVICES U.S., INC.			
3. Principal office address 13775 MCLEAREN ROAD		City OAK HILL	State VA	Zip 20171	
4. Business Phone No. 703-471-2434		5. State of Incorporation DELAWARE			
6. Brief description of the character of business conducted in Rhode Island TELECOMMUNICATIONS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name DIANA EINTERZ		Vice-President Name JULIE MANIEZ			
Street Address 13775 MCLEAREN ROAD		Street Address 13775 MCLEAREN ROAD			
City OAK HILL	State VA	Zip 20171	City OAK HILL	State VA	Zip 20171
Secretary Name DIANA EINTERZ		Treasurer Name JULIE MANIEZ			
Street Address 13775 MCLEAREN ROAD		Street Address 13775 MCLEAREN ROAD			
City OAK HILL	State VA	Zip 20171	City OAK HILL	State VA	Zip 20171
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DIANA EINTERZ		Director Name			
Street Address 13775 MCLEAREN ROAD		Street Address			
City OAK HILL	State VA	Zip 20171	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	COMMON	0.01

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

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.

FILED

JAN 12 2016

Signature of Authorized Representative

Date

DAVID NEWMAN - ASSITANT TREASURER

Print or Type Name of Authorized Representative

BY DS
5094213

Rhode Island 2016 Annual Report
Orange Business Services U.S. Inc.
Corporate ID: 000131567

Additional Officers

<u>Officer Title</u>	<u>Name</u>	<u>Address</u>
Assistant Treasurer	David Newman	13775 MCLearen Road, Oak Hill, VA 20171
Assistant Secretary	John T Cassella	13775 MCLearen Road, Oak Hill, VA 20171

FILED
JAN 12 2016
BY 50916213
ID # 131567