



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 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. 000503252		2. Exact name of the Corporation CISCO SYSTEMS CAPITAL CORPORATION			
3. Principal office address 170 W. TASMAN DR.		City SAN JOSE	State CA	Zip 95134	
4. Business Phone No. (408) 526-4000		5. State of Incorporation NV			
6. Brief description of the character of business conducted in Rhode Island COMPUTER NETWORKING EQUIPMENT LEASING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KRISTINE SNOW			Vice-President Name EVAN SLOVES		
Street Address 170 W. TASMAN DR.			Street Address 170 W. TASMAN DR.		
City SAN JOSE	State CA	Zip 95134	City SAN JOSE	State CA	Zip 95134
Secretary Name EVAN SLOVES			Treasurer Name PRAT BHATT		
Street Address 170 W. TASMAN DR.			Street Address 170 W. TASMAN DR.		
City SAN JOSE	State CA	Zip 95134	City SAN JOSE	State CA	Zip 95134
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name KRISTINE SNOW			Director Name EVAN SLOVES		
Street Address 170 W. TASMAN DR.			Street Address 170 W. TASMAN DR.		
City SAN JOSE	State CA	Zip 95134	City SAN JOSE	State CA	Zip 95134
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
			1,000	CWP	0.1000

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 15 2016

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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

Date

EVAN SLOVES

Print or Type Name of Authorized Representative