



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: 2016

1. ID No. 000509837

2. Exact Name of the Limited Liability Company CSC Equipment Leasing LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code  23

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

THE GENERAL CHARACTER OF THE BUSINESS OF THE LIMITED LIABILITY COMPANY IS TO ACQUIRE, HOLD, MANAGE, LEASE, DEVELOP AND SELL REAL ESTATE AND TO ENGAGE IN ANY ACTIVITIES DIRECTLY OR INDIRECTLY RELATED TO OR INCIDENTAL THERTO. THE LLC MAY ALSO CARRY ON ANY OTHER LAWFUL BUSINESS, TRADE, PURPOSE OR ACTIVITY.

5. Principal Office Address

No. and Street: P.O. BOX 454  
City or Town: SOUTH EASTON State: MA Zip: 02375 Country: USA

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

Contact Name: Contact Title:  
No. and Street: P.O. BOX 454  
City or Town: SOUTH EASTON State: MA Zip: 02375 Country: USA

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

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	RAMI A ITANI	P.O. BOX 454 SOUTH EASTON, MA 02375 USA
MANAGER	MICHAEL OJJEH	P.O. BOX 454 SOUTH EASTON, MA 02375 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 12 Day of September, 2016 at 11:24:56 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 RAMI ITANI  
Signature of Authorized Person

Form No. 632  
Revised 09/07