



State of Rhode Island and Providence Plantations  
**Department of State – Business Services Division**

**ANNUAL REPORT FOR THE YEAR** 2017

**Corporation**

- **Filing Period:** January 1 - March 1
- **Filing Fee:** \$50.00
- **Penalty:** Additional \$25.00 fee if form is not filed by April 1

1. Corporate ID No. <b>4629</b>		2. Name of Corporation <b>CSC Paymaster, Inc.</b>			
3. Street Address Principal Business Office <b>37 Jefferson Blvd.</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
4. NAICS Code <b>55</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Payroll provider.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Steven R. Truesdale</b>			Vice President Name <b>Kevin J. Phillips</b>		
Street Address <b>37 Jefferson Blvd.</b>			Street Address <b>37 Jefferson Blvd.</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
Secretary Name <b>Steven R. Truesdale</b>			Treasurer Name <b>Steven R. Truesdale</b>		
Street Address <b>37 Jefferson Blvd.</b>			Street Address <b>37 Jefferson Blvd.</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Steven R. Truesdale</b>			Director Name <b>Kevin J. Phillips</b>		
Street Address <b>37 Jefferson Blvd.</b>			Street Address <b>37 Jefferson Blvd.</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			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.					
			ISSUED SHARES – THIS SECTION MUST BE COMPLETED		
Number of Shares		Class/Series		Par Value	
<b>180 common no par value</b>					

11. 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.

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.

*Steven R Truesdale*  
 Signature

*1/10/2017*  
 Date

**Steven R. Truesdale**

Print or Type Name

**President**

Title

**FILED**

**JAN 17 2017**

BY *2114*

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)