State of Rhode Island and	ıd Providence Plan	itations			_		
Department of Sta		s Services Di	vision				
Corporation	ear: 2017						
→ Filing period: January 1 - M	March 1						
→ Filing Fee: \$50.00						<b>201</b>	
→ Penalty: Additional \$25.00 fe	ee if form is not fil	led by April 1.				7	
1. Entity ID Number	2. Exact name of	of the Corporation				<b>第</b> 50円20	
147616	CSI Partners	s, Inc.				20 SPS	
3. Principal Office Address			City		State	Zip O O	
308 Market Street			Warren		RI	<b>2</b> 885 7 7 €	
4. Business Phone Number:	6. Brief description	on of the character	of business c	conducted in Rhode Isla	and	ಟ <⊅	
(401) 258-1800		Holding company					
5. State of Incorporation	Holding com	npany				ω	
Rhode Island							
7. List ALL officers (names and add	dresses)		·		ne box to i	indicate an attachment 🗶	
President Name Robert Carlson			Vice-President John E. L				
Street Address			Street Address	<u> </u>		<del></del>	
308 Market Street			308 Mark	ket Street			
City <b>Wa</b> rren	State RI	Zip 02885	City Warren		State RI	Zip 02885	
Secretary Name	131	V2-V0-0	Treasurer Nam		IXI	02000	
Robert P. Lyons, Jr.		<u> </u>	Robert P.				
Street Address 308 Market Street		ļ	Street Address 308 Market Street				
City	State	Zip	City	, , , , , , , , , , , , , , , , , , ,	State	Zip	
Warren	RI	02885	Warren	04 1- 11-	RI	02885	
8. List ALL directors (names and ad Director Name	idresses)		Director Name		ie box to ii	ndicate an attachment	
None - close corporation							
Street Address		1	Street Address				
City	State	Zip	City		State	Zip	
		·	<u> </u>				
Director Name			Director Name				
Street Address			Street Address	•	<del></del>		
-						<b>-</b>	
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issued			e box to ir	ndicate an attachment 🔲	
This information is currently of record Department of State.		NUMBER OF SHA		CLASS/SERIES		PAR VALUE	
•		100		Common		,0	
Changes require an additional filing.	1						
11. This report must be executed on	n behalf of the corr	ooration by an auth	norized repres	entative. If the corpora	tion is in t	he hands of a receiver or	
trustee, this report must be executed	ed on behalf of the	corporation by the	receiver or tru	ustee.			
Under penalty of perjury, I declare statements, and that all statement				ncluding any accomp	anying so	chedules and	
Name of Authorized Representative		MI UIG UUG WIIG G	Oireot.		Date		
Robert Carlson, President					February 23 2017		
Signature of Authorized Represented	tive /	7		en <del>er</del> erk	<u></u>		
M	14 / 1			ILED			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 20 2017 By \$ 298674

## CSI Partners, Inc. Corporate ID No. 147616

## Exhibit A to the 2017 Rhode Island Profit Corporation Annual Report

## 7. Names and Addresses of Additional Officers:

Title	Name	Address		
Chairman	Robert P. Lyons, Jr.	308 Market Street Warren, Rhode Island 02885		
Chief Information Officer	Stephen A. Tenberg	308 Market Street Warren. Rhode Island 02885		