



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. Entity ID Number 000153874		2. Exact name of the Corporation Consumer Cellular, Inc.		
3. Principal Office Address 12447 SW 69th Avenue		City Portland	State OR	Zip 97223
4. NAICS Code 22 - Utilities	6. Brief description of the character of business conducted in Rhode Island Telecommunications Service Provider			
5. State of Incorporation Oregon				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name John S. Marick		Vice-President Name Not Applicable		
Street Address 12447 SW 69th Avenue		Street Address		
City Portland	State OR	Zip 97223	City	State
Secretary Name Tami Marick		Treasurer Name Jill Leonetti		
Street Address 12447 SW 69th Avenue		Street Address 12447 SW 69th Avenue		
City Portland	State OR	Zip 97223	City Portland	State OR
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name John S. Marick		Director Name Not Applicable		
Street Address 12447 SW 69th Avenue		Street Address		
City Portland	State OR	Zip 97223	City	State
Director Name Not Applicable		Director Name Not Applicable		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		
		CLASS/SERIES		
		113,000	Common	0
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.				
Name of Authorized Representative Jill Leonetti				Date 3/15/2017
Signature of Authorized Representative 				
SIGN DOCUMENT HERE FILED				

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

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FORM 630 - Revised: 02/2017