



**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. 001658915

2. Exact Name of the Limited Liability Company Mobile Leasing Solutions, LLC

3. State of Formation

State: DE

ARTICLE III

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

NAICS Code

6

81

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

DESIGNED TO ACT AS AN INDEPENDENT ENTITY TO PROVIDE MOBILE DEVICE
LEASING SOLUTIONS TO VARIOUS MOBILE TELEPHONE OPERATORS.

5. Principal Office Address

No. and Street: 1580 S. MILWAUKEE AVENUE
SUITE 302

City or Town: LIBERTYVILLE

State: IL Zip: 60048 Country: USA

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

Contact Name: Contact Title:
No. and Street: 1580 S. MILWAUKEE AVENUE
SUITE 302

City or Town: LIBERTYVILLE

State: IL Zip: 60048 Country: USA

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

Title

Individual Name

First, Middle, Last, Suffix

Address

Address, City or Town, State, Zip Code, Country

MANAGER

JEFF KRISEL

1580 S. MILWAUKEE AVENUE, SUITE 302
LIBERTYVILLE, IL 60048 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 1 Day of April, 2017 at 5:23:36 PM 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 NATALIE PICKENS
Signature of Authorized Person

Form No. 632
Revised 09/07

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