



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
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 000503252		2. Exact name of the Corporation CISCO SYSTEMS CAPITAL CORPORATION			
3. Principal Office Address 170 W. TASMAN DR.			City SAN JOSE	State CA	Zip 95134
4. NAICS Code 532420		6. Brief description of the character of business conducted in Rhode Island COMPUTER NETWORKING EQUIPMENT LEASING			
5. State of Incorporation NV					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KRISTINE SNOW			Vice-President Name EVAN SLOVES		
Street Address 170 W. TASMAN DR.			Street Address 170 W. TASMAN DR.		
City SAN JOSE	State CA	Zip 95134	City SAN JOSE	State CA	Zip 95134
Secretary Name EVAN SLOVES			Treasurer Name PRAT BHATT		
Street Address 170 W. TASMAN DR.			Street Address 170 W. TASMAN DR.		
City SAN JOSE	State CA	Zip 95134	City SAN JOSE	State CA	Zip 95134
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KRISTINE SNOW			Director Name EVAN SLOVES		
Street Address 170 W. TASMAN DR.			Street Address 170 W. TASMAN DR.		
City SAN JOSE	State CA	Zip 95134	City SAN JOSE	State CA	Zip 95134
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			PAR VALUE		
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 PRAT BHATT					Date 3-1-18
Signature of Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE					

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

FILED
MAR 05 2018

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FORM 630 - Revised: 10/2017