RI SOS Filing Number: 201860567300 Date: 3/19/2018 2:13:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 MAR 19 PM 2:11

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	2. Exact name of the Corporation			
001668978	Lenovo Connect (United States) Inc.			
3. Principal Office Address		City	State	Zip
8001 Development Dr.		Morrisville	NC	27560
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
517911	Resale of wireless internet access			
5. State of Incorporation				
DE				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Kurt Cranor			John Stanley		
Street Address			Street Address		
1009 Think Place			1009 Think Place		
City	State	Zip	City	State	Zip
Morrisville	NC	27560	Morrisville	NC	27560
Secretary Name			Treasurer Name		
John Stanley			Kurt Cranor		
Street Address			Street Address		
1009 Think Place			1009 Think Place		
City	State	Zip	City	State	Zip
Morrisville	NC	27560	Morrisville	NC	27560

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Thomas S Ottman					
Street Address			Street Address		
1009 Think Place					
City	State	Zip	City	State	Zip
Morrisville	NC	27560			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	Common	.01

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	Date
Kurt Cranor 2:13pm	2-5-2018

Signature of Authorized Representative

Kurt Cranor SIGN DOCUMENT HERE

FILED

MAR 19 2018 KM

BY 326836

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

FORM 630 - Revised: 10/2017