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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2018
Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001672626	_	2. Exact name of the Limited Liability Company CSG, LLC				
3. NAICS Code 423420	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
State of Formation Rhode Island		Sale and servicing of communication services				
6. Principal Office Address 3740 Old Post Road			City Charlestown	State RI	Zip 02813	
7. Mailing Address of Limited I	Liability Comp	any and Name o	or Title of Contact Person			
Contact Name Kelly Marsh			Contact Title	Contact Title		
Street Address 3740 Old Post Road			City Charlestown	State RI	^{Zip} 02813	
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City (State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	<u></u>	· · · · · · · · · · · · · · · · · · ·		Check the box to i	indicate an attachment	
9. Resident Agent in Rhode Isl	and. This infor	nation is currently	of record with the Department of Sta			
Under penalty of perjury, I destatements, and that all state	eclare and aff ements conta	irm that I have ined herein are	examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person Kelly Marsh	17		1/	Date //-	7-19	
Signature of Authorized Person	KUL	Sup	DOCOMEN HERE			
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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 C

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