



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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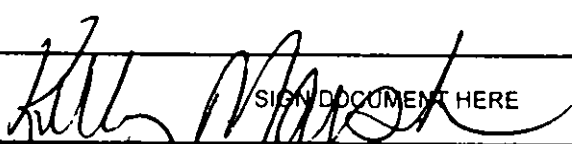
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FOR
SECRETARY OF STATE
USE ONLY

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 description of the character of business conducted in Rhode Island Sale and servicing of communication services			
5. State of Formation Rhode Island					
6. Principal Office Address 3740 Old Post Road		City Charlestown		State RI	Zip 02813
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kelly Marsh			Contact Title		
Street Address 3740 Old Post Road		City Charlestown		State RI	Zip 02813
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person Kelly Marsh				Date 11-7-19	
Signature of Authorized Person 				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 

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