Annual Report for the year:	2017
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.

STE SF	
2019	
DEC 1	
N 500	
-	

			1 - E 114 - O		آن بن حو		
Entity ID Number	2. Exact name of the Limited Liability Company				7. 里式		
000910493	CCS & E LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531190	wireless infrastructure						
5. State of Formation							
DE							
6. Principal Office Address			City	State	Zip		
1220 Augusta Drive, Suite 600,			Houston	TX	77057		
7. Mailing Address of Limited Lia	ability Company	and Name or Tit	le of Contact Person				
Contact Name Lynn Howell			Contact Title				
Street Address 1220 Augusta Drive, Suite 600			City Houston	State TX	^{Zip} 77057		
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLIC	ABLE - DO NOT LIST N	MEMBERS		
Manager Name Daniel K. Schlanger Manager Name							
Street Address 1220 Augusta Drive, Suite 600			Street Address				
City Houston	State TX	Zip 77057	City	S:ate	Zip		
Manager Name Kenneth J. Simon			Manager Name				
Street Address 1220 Augusta Drive, Suite 600			Street Address				
City Houston	State TX	Zip 77057	City	State	Zip		
	1	<u></u>		Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode Isla	nd. This informa	tion is currently of re	ecord with the Department of	State. Changes require filir	ng Form 642.		
Under penalty of perjury, I de statements, and that all state	clare and affiri	n that I have exa	amined this report, inclu				
Name of Authorized Person							
Lynn Howell				12/9/20	12/9/2019		
Signature of Authorized Person	0	-					
Bruch	01	SIGN :	DOCUMENT HERE				
19/10/10	<u> </u>						

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**

DEC 1, 2 2019

12:24