



State of Rhode Island

## Department of State - Business Services Division

FILED

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BY

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Annual Report for the year: 2020

## 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<br>001672626   |       | 2. Exact name of the Limited Liability Company<br>CSG, LLC  |                     |                   |              |
| 3. NAICS Code<br>423420  |       | 4. Brief description of the character of business conducted in Rhode Island<br>Sale and servicing of communication services |                     |                   |              |
| 5. State of Formation<br>Rhode Island  |       |   |                     |                   |              |
| 6. Principal Office Address<br>3740 Old Post Road  |       |   | City<br>Charlestown | State<br>RI       | Zip<br>02813 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |                     |                   |              |
| Contact Name<br>Kelly Marsh  |       |   | Contact Title       |                   |              |
| Street Address<br>3740 Old Post Road   |       |   | City<br>Charlestown | State<br>RI       | Zip<br>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. The Resident Agent information currently of record with the RI Department of State is accurate. 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<br>Kelly Marsh   |       |   |                     | Date<br>11-2-2020 |              |
| Signature of Authorized Person<br><i>Kelly Marsh</i>   |       |   |                     |                   |              |

## MAIL TO:

Division of Business Services

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