RI SOS Filing Number: 202194784230 Date: 3/19/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
MAR 19 2021
BY

1. Entity ID Number	2. Exact name of the Corporation			
0131507	ORANGE BUSINESS SERVICES U.S., INC.			
3. Principal Office Address		City	State	Zip
13865 SUNRISE VALLEY DRIVE, STE 425		HERNDON	VA	21071
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
571911	TELECOMMUNICATIONS SERVICES			
5. State of Incorporation				
DE				

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

President Name			Vice-President Name		
ROBERT WILLCOCK			MARINE PAYASLYAN		
Street Address			Street Address		
13865 SUNRISE VALLEY DRIVE, SUITE 425			13865 SUNRISE VALLEY DRIVE, SUITE 425		
City	State	Zip	City	State	Zip
HERNDON	VA	20171	HERNDON	VA	20171
Secretary Name			**Treasurer Name**		
ROBERT WILLCOCK			MARINE PAYASLYAN		
Street Address			Street Address		
13865 SUNRISE VALLEY DRIVE, SUITE 425			13865 SUNRISE VALLEY DRIVE, SUITE 425		
City	State	Zip	City	State	Zip
HERNDON	VA	20171	HERNDON	VA	20171

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

Director Name			Director Name		
ROBERT WILLCOCK			MARINE PAYASLYAN		
Street Address			Street Address		
13865 SUNRISE VALLEY DRIVE, SUITE 425			13865 SUNRISE VALLEY DRIVE, SUITE 425		
City	State	Zip	City	State	Zip
HERNDON	VA	20171	HERNDON	VA	20171
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	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
DAVID NEWMAN	3/15/2021
Signature of Authorized Representative	

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: 08/2020