



State of Rhode Island
Department of State - Business Services Division

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24 MAY 21 AM 11:53:01

STAMP
FOR
SECRETARY OF STATE
USE ONLY

**Annual Report for the year: 2024
Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000004629		2. Exact name of the Corporation CSC Paymaster, Inc.			
3. Principal Office Address 37 Jefferson Boulevard			City Warwick	State RI	Zip 02888
4. NAICS Code 541214		6. Brief description of the character of business conducted in Rhode Island Payroll provider.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven R. Truesdale			Vice-President Name Kevin J. Phillips		
Street Address 37 Jefferson Boulevard			Street Address 37 Jefferson Boulevard		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Steven R. Truesdale			Treasurer Name Steven R. Truesdale		
Street Address 37 Jefferson Boulevard			Street Address 37 Jefferson Boulevard		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven R. Truesdale			Director Name Kevin J. Phillips		
Street Address 37 Jefferson Boulevard			Street Address 37 Jefferson Boulevard		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			180	Common Shares	no par value
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.					
<i>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.</i>					
Name of Authorized Representative Steven R. Truesdale			FILED		Date 5/13/2024
Signature of Authorized Representative <i>Steven R. Truesdale</i>			MAY 21 2024		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY ASJds *[Signature]*