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**State of Rhode Island
 Department of State - Business Services Division**

 Annual Report for the year: 2025
 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 000147616		2. Exact name of the Corporation CSI Partners, Inc.			
3. Principal Office Address 501 Wampanoag Trail, Suite 403			City Riverside	State RI	Zip 02915
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Holding company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Robert A. Carlson			Vice-President Name John E. Lyons		
Street Address 501 Wampanoag Trail, Suite 403			Street Address 501 Wampanoag Trail, Suite 403		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Robert P. Lyons, Jr.			Treasurer Name Robert P. Lyons, Jr.		
Street Address 501 Wampanoag Trail, Suite 403			Street Address 501 Wampanoag Trail, Suite 403		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None - close corporation			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES		PAR VALUE
			100	Common	\$.01 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. 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 Robert A. Carlson, President				Date February 10, 2025	
Signature of Authorized Representative 					

FILED

 MAIL TO:
 Division of Business Services
 146 W. River Street, Providence, Rhode Island 02904-2616
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 FORM 330 Revised 12/2000

BY 014NR

ComSearch, Inc.
Corporate ID No. 000031633

Exhibit A
to the
2025 Rhode Island Profit Corporation Annual Report

7. Names and Addresses of Additional Officers:

Title	Name	Address
Chairman	Robert P. Lyons, Jr.	501 Wampanoag Trail, Suite 403 Riverside, RI 02915
Chief Executive Officer	Robert A. Carlson	501 Wampanoag Trail, Suite 403 Riverside, RI 02915
Chief Information Officer	Stephen A. Tenberg	501 Wampanoag Trail, Suite 403 Riverside, RI 02915