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 RI DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION
 FOR SECRETARY OF STATE
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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017 Corporation

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

1. Entity ID Number 000705123		2. Exact name of the Corporation Ritel Leasing, Inc.			
3. Principal Office Address 175 Metro Center Boulevard, Unit 10			City Warwick	State RI	Zip 02886
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Telephone equipment leasing			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Laura H. Harrell			Vice-President Name George J. Shaheen		
Street Address 175 Metro Center Boulevard, Unit 10			Street Address 175 Metro Center Boulevard, Unit 10		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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			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		
			100	STK	\$0.0100
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 George J. Shaheen				Date 1/31/2017	
Signature of Authorized Representative <i>George J. Shaheen</i>			FILED SIGN DOCUMENT HERE		
			2:38 MAR 29 2017		

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

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