State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

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

RECEIVED R.I. DEPT. OF STATE BUSINESS SERVICES DIV 2017 MAR 29 PM 2:30

1. Entity ID Number	2. Exact name of the Corporation
000705123	Ritel Leasing, Inc.

3. Principal Office Address	City	State	Zip
175 Metro Center Boulevard, Unit 10	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
~~44-45 - Retail Trade~~	Telephone equipment leasing
5. State of Incorporation	
Rhode Island	

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

President Name			Vice-President Name		
Laura H. Harrell			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 ☐

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

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	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	Date
George J. Shaheen	1/31/2017

Signature of Authorized Representative: George Shaheen

SIGN DOCUMENT HERE

FILED
MAR 29 2017
2:37
BY Cu 299612

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: 10/2016