



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

**Annual Report for the year:** 2017 *Amended.*  
**Corporation**

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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2017 SEP 15 PM 3:20

1. Entity ID Number <b>000705123</b>		2. Exact name of the Corporation <b>Ritel Leasing, Inc.</b>			
3. Principal Office Address <b>175 Metro Center Boulevard, Unit 10</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>532420</b>		6. Brief description of the character of business conducted in Rhode Island <b>Telephone equipment leasing</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>George J. Shaheen</b>			Vice-President Name		
Street Address <b>175 Metro Center Boulevard, Unit 10</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/STRIKES	PAR VALUE
		<b>100</b>		<b>STK</b>	<b>\$0.0100</b>
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 <b>George J. Shaheen</b>					Date <b>7-31-17</b>
Signature of Authorized Representative <i>George J. Shaheen</i>					

**FILED**

SIGN DOCUMENT HERE  
**SEP 15 2017**

BY A.A. 3:20 PM



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

September 15, 2017 03:20 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

