



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2022 JAN 11 PM 4:05

1. Entity ID Number 001707990		2. Exact name of the Corporation 1 \$ WISER CONSUMER EDUCATION, INC.			
3. State of Incorporation TEXAS		5. Brief description of the character of business conducted in Rhode Island The nonprofit corporation is organized for the following purposes: 1. Consumer credit education, 2. Counseling on consumer credit problems and family budgets, and 3. Provide debtor financial management education.			
4. NAICS Code 541990					
6. Principal Office Address 1400 PRESTON RD STE 499		City PLANO	State TX	Zip 75093	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID ALECOCK		Vice-President Name N/A			
Street Address 2295 S HIAWASSEE RD STE 104		Street Address			
City ORLANDO	State FL	Zip 32835	City	State	Zip
Secretary Name MICHAEL MERCADO		Treasurer Name ART BASMAJIAN			
Street Address 2295 S HIAWASSEE RD STE 104		Street Address 2295 S HIAWASSEE RD STE 104			
City ORLANDO	State FL	Zip 32835	City ORLANDO	State FL	Zip 32835
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAEL MERCADO		Director Name JON BILGIN			
Street Address 2295 S HIAWASSEE RD STE 104		Street Address 2295 S HIAWASSEE RD STE 104			
City ORLANDO	State FL	Zip 32835	City ORLANDO	State FL	Zip 32835
Director Name ART BASMAJIAN		Director Name			
Street Address 2295 S HIAWASSEE RD STE 104		Street Address			
City ORLANDO	State FL	Zip 32835	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative DAVID ALECOCK				Date 01/10/2022	
Signature of Officer/Authorized Representative <i>David A. Alecock</i>					

FILED

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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 BY *[Signature]* FORM 631 - Revised: 11/2021