



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 000795079

**2. Name of Corporation** Asset Resolution Corporation

**3. State of Incorporation**

State: KY

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  
561440

**4. Principal Office Address**

No. and Street: 10180 LINN STATION ROAD  
SUITE C200

City or Town: LOUISVILLE State: KY Zip: 40223 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

DEBT COLLECTION

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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CFO	DAVID J CARLSEN	10180 LINN STATION ROAD, SUITE C200 LOUISVILLE, KY 40223 USA
COO	CHRISTOPHER J THACKER	10180 LINN STATION ROAD, SUITE C200 LOUISVILLE, KY 40223 USA
GENERAL COUNSEL	DIANA LYNN BARBER	10180 LINN STATION ROAD, SUITE C200 LOUISVILLE, KY 40223 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 14 Day of March, 2023 at 1:39:50 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DIANA BARBER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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