RI SOS Filing Number: 200701622910 Date: 10/23/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
157276	Remesas Continentales, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	MONEY TRANSFER

5. Principal office address	City	State	Zip
1545 WESTMINSTER ST	PROVIDENCE	RI	02909

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
VIVIAN JOHNSON	MEMBER

Street Address	City	State	Zip
29 1/2 MULBERRY CIRCLE #2	JOHNSTON	RI	02919

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
VIVIAN JOHNSON	

Address	City	Zip
29 1/2 MULBERRY CIRCLE	JOHNSTON	02919-

FILED
OCT 23 2007
By DA
23-40195
12:31

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b)

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.

X _____ 9/26/07
Signature of Authorized Person *Date*

MEMBER
Print or Type Name of Authorized Person

File Date _____ 2007 OCT 23 PM 12:31
Check No. _____ RECEIVED SECRETARY OF STATE CORPORATIONS DIV
By: _____
14839-2-181949
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07