



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. 130169		2. Exact name of the limited liability company A.R.C. ACCOUNTS RECOVERY (U.S.A.) CORPORATION LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island COLLECTION AGENCY			
5. Principal office address 4240 GLANFORD AVE			City VICTORIA	State BC CANADA	Zip V8Z 4B8
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHELLE MACDONALD			Contact Title MEMBER/SECRETARY		
Street Address 4240 GLANFORD AVE, SUITE 100			City VICTORIA	State BC CANADA	Zip V8Z 0A1
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) <input type="checkbox"/>					
Manager Name JOSEPH POLARD			Manager Name		
Street Address 2522 CRYSTAL VIEW DR.			Street Address		
City VICTORIA	State BC CANADA	Zip V9B 6M8	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 LAURA MCGUIRE			Address		
Address 107 DANIELSON PIKE			City SCITUATE	Zip 02857-	

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.

OCT. 10-07

Signature of Authorized Person

Date

JOSEPH POLARD

Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 22 2007 1073
By:	By MK
FOR SECRETARY OF STATE USE ONLY	