



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. 151988		2. Exact name of the limited liability company ProLine Solutions Group, LLC			
3. State of Formation NEW YORK		4. Brief description of the character of the business which is actually conducted in Rhode Island DEBT RECOVERY			
5. Principal office address 908 NIAGARA FALLS BLVD STE 245		City NORTH TONAWANDA	State NY	Zip 14120	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael Lovullo		Contact Title Partner			
Street Address 908 N. FALLS BLVD STE 245		City N. TONAWANDA	State NY	Zip 14120	
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 Michael Lovullo		Manager Name PATRICK MALONEY			
Street Address 908 NIAGARA FALLS BLVD STE 245		Street Address 908 NIAGARA FALLS BLVD STE 245			
City NORTH TONAWANDA	State NY	Zip 14120	City NORTH TONAWANDA	State NY	Zip 14120
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 CORPORATION SERVICE COMPANY			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200			City WARWICK	Zip 02888-	

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

File Date 11/14/07
Check No. 2015
By:
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person
11-9-07
Date
Michael Lovullo
Print or Type Name of Authorized Person