RI SOS Filing Number: 200808365170 Date: 02/11/2008 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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
21052	BENEFICIAL RHODE ISLAND INC.			
3. Street Address Principal Business Office		City	State	Zip
2700 SANDERS ROAD		PROSPECT HEIGHTS	IL	60070
4. Business Phone No.	5. State of Incorporation			
847-564-5000	DELAWARE			

6. Brief Description of the Character of Business Conducted in Rhode Island
CONSUMER FINANCE

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
GARY R. ESPOSITO			K. MADISON		
Street Address			Street Address		
3023 HSBC WAY			2700 SANDERS ROAD		
City	State	Zip	City	State	Zip
FT. MILL	SC	29707	PROSPECT HEIGHTS	IL	60070
Secretary Name			Treasurer Name		
L. R. ABRAMS			D. W. ANDERSON		
Street Address			Street Address		
2700 SANDERS ROAD			2700 SANDERS ROAD		
City	State	Zip	City	State	Zip
PROSPECT HEIGHTS	IL	60070	PROSPECT HEIGHTS	IL	60070

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
K. MADISON					
Street Address			Street Address		
2700 SANDERS ROAD					
City	State	Zip	City	State	Zip
PROSPECT HEIGHTS	IL	60070			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
250	COMMON	$100.00

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
50	COMMON	$100.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

[redacted]

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.

J M Angelo 2/4/2008
Signature *Date*

JOSEPH M. ANGELO
Print or Type Name

[redacted] ASSISTANT SECRETARY
Title

File Date FILED
Check No. FEB 11 2008
By: By 12159233
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20403-23-229207

Form 630 Rev. 12/06