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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			
159373	NuComm Credit Services Inc.			
3. Street Address Principal Business Office		City	State	Zip
80 King Street, 3rd Floor		St. Catharines, Ontario	Canada	L2R 7G1
4. Business Phone No.	5. State of Incorporation			
905-323-3939	Ontario, Canada			

6. Brief Description of the Character of Business Conducted in Rhode Island
Debt Collection

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

President Name			Vice President Name		
Lance William Patten					
Street Address			Street Address		
80 King Street, 3rd Floor					
City	State	Zip	City	State	Zip
St. Catharines, Ontario	Canada	L2R 7G1			
Secretary Name			Treasurer Name		
Leslie Ann Bergevin			Leslie Ann Bergevin		
Street Address			Street Address		
80 King Street, 3rd Floor			80 King Street, 3rd Floor		
City	State	Zip	City	State	Zip
St. Catharines, Ontario	Canada	L2R 7G1	St. Catharines, Ontario	Canada	L2R 7G1

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

Director Name			Director Name		
Real Bergevin			Anne Bergevin		
Street Address			Street Address		
80 King Street, 3rd Floor			80 King Street, 3rd Floor		
City	State	Zip	City	State	Zip
St. Catharines, Ontario	Canada	L2R 7G1	St. Catharines, Ontario	Canada	L2R 7G1
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	common	$100	100	common	$100

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.

[redacted] Feb. 16, 2008
Signature *Date*

Lance William Patten
Print or Type Name

President
Title

File Date FILED
Check No. APR 11 2008
By: By 54641 $300.00

FOR SECRETARY OF STATE USE ONLY

[redacted]

21672-5-250424

Form 630 Rev. 12/06