

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

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 subj	ect to a penalty fee	of \$25.00.				
1. ID No 2. Ex	2. Exact name of the limited liability company					
153661	Mer.	chant Ca	rd Service	LLC		
3. State of Formation	4. Brief descripti		siness which is actually conducted in l	Rhode Island		
RE		Payment	Processing			
Principal office address			City	State	Zip	
53 Oak	Ridge	K9	West Groot	nwitch 185	02818	
6. MAILING ADDRESS OF		CT PERSON:				
Contact Name			Contact Title		3.74	
Street Address Harrington			Presid	President		
			City	State	Zip	
53 Oal	k Ridg	e red	west Green	wich KI	02817	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS						
e de la companya del companya de la companya del companya de la co	FILL IN	SPACES BEFORE USIN	IG ATTACHMENTS ("X" BOX	FOR ATTACHMENT)		
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
			Sirver Placeress	an act then the		
City	State	Zip		1 2		
cn,	State	$z\psi$	City	State	Zip	
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Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
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City	State	Zip	City	State	Zip	
		1.5				
	CHODE ISLAND	- DO NOT ALTER - CI	anges require filing of For	n 642 - R.I.G.L. 7-16-11		
Agent Name			Address			
Joseph Harrington			53 Oak 1	53 Oak Ridge Rd		
Address			City	City Zip		
			West Come	53 Oak Ridge Rd City West Greenwich 02817		
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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 including any accompanying schedules and stater
5-21-18	contained herein are true and correct.
Check No. 1646	JAN D
mma	Signature of Authorized Person Do
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

at I have examined this report, nents, and that all statements,

Form 632 Rev. 07/07