State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2008

1. ID No. 000274653

2. Exact Name of the Limited Liability Company SMS Financial Recovery Services, LLC

3. State of Formation

State: AZ

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SMS Financial Recovery Services is a 3rd party collection agency. We do not have any clients yet. Therefore, we have not conducted any business in Rhode Island to date.

5. Principal Office Address

No. and Street: 2645 NORTH 7TH AVENUE
City or Town: PHOENIX State: AZ Zip: 85007 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ORLI KAPLAN Contact Title:
No. and Street: 2645 NORTH 7TH AVENUE
City or Town: PHOENIX State: AZ Zip: 85007 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JONATHAN HOFFER	2645 NORTH 7TH AVENUE PHOENIX, AZ 85007 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ERIC M. SHORR 110 JEFFERSON BOULEVARD WARWICK , RI 02888

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

Signed this 7 Day of October, 2008 at 5:39:12 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ORLI KAPLAN
Signature of Authorized Person

Form No. 632
Revised 09/07

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