RI SOS Filing Number: 200837699240 Date: 11/14/2008 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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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	2. Exact name of the limited liability company
151988	Proline Solutions Group, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
NEW YORK	DEBT RECOVERY

5. Principal office address	City	State	Zip
908 NIAGARA FALLS BLVD STE. 245	NORTH TONAWANDA	NEW YORK	14120

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
MICHAEL J LOVULLO	CIO

Street Address	City	State	Zip

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	Street Address	City	State	Zip
Patrick MAloney	58 Lloyd Drive	Cheektowaga	NY	14225

Manager Name	Street Address	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	Address	City	Zip
CORPORATION SERVICE COMPANY	222 JEFFERSON BLVD. STE 200	WARWICK	02888

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

[redacted] 151988 [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.

Michael Lovullo 11-12-08
Signature of Authorized Person *Date*

[redacted] Michael Lovullo
Print or Type Name of Authorized Person

File Date FILED
Check No. NOV 14 2008
By: By 2504
2781755203971
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07