

2. Name of Corporation

1. Corporate ID No.

119213

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 2009

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

COLLECTIONS UNLIMITED, INC.

* 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.

3. Street Address Principal Business Office			City	State	Zip
3 ECHO LANE 4. Business Phone No. 5. State of Incorporation			W. Kinfston	RI	02892
401-284-1	R HO	DE ISLAND			
6. Brief Description of the Characte	r of Business Conducte	d in Rhode Island	, A TO 11 CA		
FULL SERVICE 7. NAMES AND ADDRESSE	correction	AGENCY to REC	loure consumer f	commercine	DEBT
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name			: Vice President Name		
EDWARD A. MASED					
Street Address			Street Address		
Street Address 31 ECHO LANE			LINDA MAGRO Street Address 31 PCHO CANE City State Zip W. Kingston RI 02592		
City	State	Zip A 2 T/A 2	City	State	Zip
W.KINS HOW Secretary Name		02892	Treasurer Name	IVC.1	02.192
Street Address			Street Address		
City	State	Zito	City	State	Zin
City	Sittle	Zip	City	State	Zip
8. NAMES AND ADDRESSE	s of the direc	TORS: ("X" BOX FOR ATT	TACHMENT) [] FILL IN S	SPACES BEFORE USIN	IG ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
over radius.			onto Himness		
City	State	Zip	City	State	Zip
*******			•		********
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	I		10 CHARGE LOCKED /	"" BOY POD ATTAC	ALANEAUT)
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. 2000 No Par Value			Number of Shares	Class/Series	Par Value
			NA		
This report must be execute	d on behalf of the	corneration by an authorize	d representative. If the cor	noration is in the hand	ls of a receiver or trustee
this report must be executed	on behalf of the	corporation by the receiver	or trustee.	poracion is in the name	is of a receiver of trustee,
			Under penalty of per	jury, I declare and affirm	that I have examined this report,
			including any accom		atements, and that all statements
15/	3-19			g y y 's	1-11-09
File Date Signature Date					
Check No 2061 Farmer A) MALOO					
Print or Type Name					
By:		- -	PRESIDENT		
FOR SECRETARY OF S	TATE USE ONLY	-	Title	rim	
		<u>-</u>			Form 630 Rev. 08/08