



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 2009**

**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. 133812		2. Name of Corporation VLV Professionals, LLC	
3. Street Address Principal Business Office 224 Main St. Suite 1C		City Salem	State NH
4. Business Phone No.		5. State of Incorporation N.H.	
6. Brief Description of the Character of Business Conducted in Rhode Island collection of credit obligations			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Vincent Aiello		Vice President Name CEO Joseph Barnes	
Street Address 224 Main St. Suite 1C		Street Address 224 Main St Suite 1C	
City Salem	State NH	Zip 03079	City Salem
State NH	Zip 03079	State NH	Zip 03079
Secretary Name Vincent Aiello		Treasurer Name	
Street Address 224 Main St. Suite 1C		Street Address	
City Salem	State NH	Zip 03079	City
State NH	Zip 03079	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	State	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	State	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 2,000	Class/Series
		Par Value no par value	

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.

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.

Signature: Joseph N Barnes Date: 2/12/09  
Print or Type Name: Joseph N Barnes  
Title: Chief Executive Officer

File Date: **FILED**  
Check No.: **FEB 17 2009**  
By: 3878  
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