



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 2009

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. <u>000180977</u>		2. Exact name of the limited liability company Checkfast Data Systems, LLC			
3. State of Formation Utah		4. Brief description of the character of the business which is actually conducted in Rhode Island NSF Check Processing			
5. Principal office address PO Box 518		City West Jordan	State Utah	Zip 84084	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Randie Bennett		Contact Title Co-Owner & COO			
Street Address 8813 S. Redwood Road Suite A1		City West Jordan	State Utah	Zip 84088	
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) <input type="checkbox"/>					
Manager Name Randie Bennett		Manager Name Chris Derieg			
Street Address 8813 S. Redwood Road Suite A1		Street Address 8813 S. Redwood Road Suite A1			
City West Jordan	State Utah	Zip 84088	City West Jordan	State Utah	Zip 84088
Manager Name Bill Ford		Manager Name			
Street Address 8813 S. Redwood Road Suite A1		Street Address			
City West Jordan	State Utah	Zip 84088	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		
Address			City		Zip

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 I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Randie Bennett 8.4.09
Signature of Authorized Person Date
Randie Bennett
Print or Type Name of Authorized Person

File Date FILED
Check No. AUG 21 2009
By: <u>8921</u>
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