



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporation ID No. 56836	2. Name of Corporation American Debt Counseling, Inc						
3. State of Incorporation FL	4. Corporate address in Rhode Island - Street Address		City	Zip			
5. Foreign corporation. Enter principal office address 14051 NW 14th St.		Sunrise	State FL	Zip 33323			
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Maria Braga		Vice President Name Erika Arroyave					
Street Address 14051 NW 14th St		Street Address 14051 NW 14th St					
City Sunrise	State FL	Zip 33323	City Sunrise	State FL	Zip 33323		
Street Address Maria Caraballo		Street Address Maria Caraballo					
City Sunrise		State FL	Zip 33323	City Sunrise		State FL	Zip 33323
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS							
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23							
Director Name Alan Silverberg		Director Name					
Street Address 14051 NW 14th street		Street Address					
City Sunrise	State FL	Zip 33323	City	State	Zip		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. REGISTERED AGENT IN RHODE ISLAND Business Filings International, Inc. 155 South Main Street Suite 301 Providence, RI 02903							
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78							

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

NOV 17 2009

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

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 of Officer

Date

Erika M. Arroyave

Print or Type Name of Officer

Vice President

Title of Officer