

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

| penaity jee oj \$25.00. | | | | | · | |
|--|---|-------------------------|--------------------------------|---------------------------|----------------------------|--|
| 1 Corporate ID No | 2. Name of Corporation | | | | | |
| 155268 | | tion Services, Inc. | | | | |
| 3. State of Incorporation | 4. Corporate address in Rhode Island - Street Address | | | Glty | Ζiţı | |
| NC | | | | | | |
| 5. Foreign corporation. Enter principal office address | | | Chy | State | Zip | |
| 3801 Lake Boone Trail Suite 400 | | | Raleigh | NC | 27607 | |
| 6. Brief Description of the character | of the affairs which are a | etually conducted in Rh | ode Island | | | |
| Our agency provides free o | redit counseling an | d personal financia | l literacy as well as debt m | nanagement services. | | |
| - NAMES AND ADDRESS | e of the officer | C /4W7 DOW DOD 17 | TICHURUT [] FILL IN CO | nacre brrowr lieinic | A TENTA CITTAGE NICTO | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | | | | PACES DEFORE USING | ATTACHMENTS | |
| President Name | | | Vice President Name | | | |
| Diane Chen Street Address | | | Street Address | | | |
| 3824 Casey Leigh Lane | | | Street Address | | | |
| Gift | State | Zip | City: | State | Zip | |
| Raleigh | NC | 27612 | | | , | |
| Secretary Name | 1110 | 127012 | Treasurer Name | | | |
| | | | | | | |
| Street Address | | | Street Address | | | |
| | | | | | | |
| Chy | State | Zip | City | State | Zip | |
| | | | | | | |
| 8. NAMES AND ADDRESSE | S OF THE DIRECTO | ORS: ("X" BOX FOR | ATTACHMENT) TILL IN S | PACES BEFORE USING | ATTACHMENTS | |
| THE NUMBER OF DIRECT | ORS OF A DOMEST | IC (RHODE ISLA) | ND) CORPORATION SHAL | LL NOT BE LESS THAN | THREE (3). R.I.G.L. 7-6-23 | |
| Director Name | | | Director Name | | | |
| Edward Erickson | | | James Wang | | | |
| Street Address | | | Street Address | | | |
| P.O. Box 510 | | | 319 Lochside Drive | | | |
| City | State | 2ip | City | State | Zψ | |
| Salter Path | NC | 28575 | Carv | Nc | 27518 | |
| Director Name | | | Director Name | Director Name | | |
| Christopher Swift | | | Fred A. Mangum | | | |
| Street Address | | | Street Address | | | |
| 1000 Hayward Heath | | | 5101 Rembert Drive | | | |
| <i>City</i> | State | Zip | City | State | Zip | |
| Apex | NC | 27502 | Raleigh | NC | 27612 | |
| 9. REGISTERED AGENT IN | RHODE ISLAND | • | • | • | - | |
| 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 information is currently | or record in the Offi | ce of the Secretary o | i State. Changes require filin | ig of Form 041 - K.I.G.L. | /-0-1.3//-0-/8 | |
| This report mus | t be signed by either | the President, Vic | e President. Secretary, Assi | stant Secretary, Treasure | r, Receiver or Trustee | |

| jury. I declare and affirm that I have examined this |
|--|
| accompanying schedules and statements, and that all there is a true and correct. |
| Colle bate |
| |
| Officer |
| |