



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 2010**

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. <b>88449</b>		2. Name of Corporation <b>A &amp; C FUNDING SERVICES CORP.</b>		
3. Street Address Principal Business Office <b>1311 Broad Street</b>			City <b>Providence</b>	State <b>RI</b>
			Zip <b>02905</b>	
4. Business Phone No. <b>(401) 461-1142</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Provide electronic money transfer services.</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Ardio Tavarez</b>		Vice President Name <b>Cesar N. Abreu</b>		
Street Address <b>1311 Broad Street</b>		Street Address <b>1311 Broad Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>
		Zip <b>02905</b>		
Secretary Name <b>Ardio Tavarez</b>		Treasurer Name <b>Ardio Tavarez</b>		
Street Address <b>1311 Broad Street</b>		Street Address <b>1311 Broad Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>
		Zip <b>02905</b>		
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		
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
		Zip		
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		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	Class/Series	Par Value
		<b>200 shares common stock of no par value</b>		

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

**Ardio Tavarez**

Print or Type Name

**President**

Title

Date

**2/1/10**

File Date	<b>FILED</b>
Check No.	<b>FEB 16 2010</b>
By:	<b>AV 15</b>
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