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(a), 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(a)(1)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
117824	Texcorp Financial Services Company

3. Street Address Principal Business Office	City	State	Zip
1726 Mendon Road, Sutle 205	CUMBERLAND	RI	02864

4. Business Phone No.	5. State of Incorporation
(401) 333-9990	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
Sale of card processing equipment and software

7. NAMES AND ADDRESSES OF THE OFFICERS: (X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Edward D. Lagarde	1725 Mendon Road, Suite 205	Cumberland	RI	02864

Vice President Name	Street Address	City	State	Zip
Albert J. DiFillippo	1725 Mendon Road, Suite 205	Cumberland	RI	02864

Secretary Name	Street Address	City	State	Zip
Edward D. Lagarde	1725 Mendon Road, Suite 205	Cumberland	RI	02864

Treasurer Name	Street Address	City	State	Zip
Edward D. Lagarde	1725 Mendon Road, Suite 205	CUMBERLAND	RI	02864

8. NAMES AND ADDRESSES OF THE DIRECTORS: (X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Albert J. DiFillippo	1725 Mendon Road, Suite 209	CUMBERLAND	RI	02864

Director Name	Street Address	City	State	Zip
Edward D. Lagarde	1725 Mendon Road, Suite 209	Cumberland	RI	02864

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED — **10. SHARES ISSUED** (X" BOX FOR ATTACHMENT) ☐

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
100	COMMON	NO PAR
THIS SECTION MUST BE COMPLETED		

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.

[redacted]

[redacted]

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.

Edward Lagarde 2/27/10
Signature *Date*

Edward D. Lagarde
Print or Type Name

PRESIDENT
Title

File Date 3-24-2010 3/24/2010
Check No. 2470 2470
By: mnc mnc
FOR SECRETARY OF STATE USE ONLY

[redacted]

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