

1. Corporate ID No.

506232

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Stree

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

2. Name of Corporation
CSA - Credit Solutions of America, Inc.

* 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(cord)) is subject to a penalty fee of \$25.00.

3. Street Address Principal Business Office 12700 Central Park Drive, Suite 900			City	State	Zip
			Dallas	TX	75251
4. Business Phone No.					
6. Brief Description of the Debt Settlement	be Character of Business Condu	acted in Rhode Island			
7. NAMES AND AD	DRESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN S	SPACES BEFORE USING	G ATTACHMENTS
r residera viame			Vice President Name		
Douglas Van Arsdale			None		
Street Address 12700 Central Park Drive, Suite 900			Street Address		
Dallas	State TX	^ズ ⊉ 75251	City	State	Zip
Secretary Name None			Treasurer Name None	•	
Street Address			Street Address		
	_		Street Audress		
City	State	Zip	City	State	Zip
8. NAMES AND AD	DRESSES OF THE DIRI	 ECTORS: ("X" BOX FOR AT	: FACHMENT) □ FILL IN	SPACES PEROPE HOW	NC ATTACANAMA
Director Name		(in Boar ton Mr.	Director Name	SPACES BEFORE USI	NG ATTACHMENTS
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	·····		Director Name		
None			None		
Street Address			Street Address		
СЦу	State	Ζip	City	State	Zip
9. SHARES AUTHOR	RIZED	.	10. SHARES ISSUED ISSUED SHARES — THIS SEC	 <i>("X" BOX FOR ATTAC</i> TION MUST BE COMPLETED	
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.			Number of Shares	Class/Series	Par Value
			1 0,000 1,000	Common	\$1.00
This report must be	executed on behalf of th	e corporation by an authorize	d representative. If the co	orporation is in the hand	ls of a receiver or trustee.
this report must be e	xecuted on behalf of the	corporation by the receiver of	or trustee.		
			Under penalty of pe	rjury, I declare and affirm	that I have examined this report
	EU ED		contained herein are	iipanying schedules and st e tru oz ind correct.	atements, and that all statements
File Date FILED			Diane Symmon 2-7-2011		
Check No. FE	R 1 1 2011		a :		Date
Check No	.0 2011		giane =	Simmons	
By:	17051	<u> </u>	Print or Type Name		·
FOR SECRETA	ARY OF STATE USE ONLY		Director 1	7 Finance	
·			Title		Form 630 Rev. 08/08