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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 2011

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 538753	*2. Name of Corporation* TURNING POINT CAPITAL INC

3. Street Address Principal Business Office	*City*	*State*	*Zip*
170 NORTHPOINTE PKWY, SUITE 700	AMHERST	NEW YORK	14228

4. Business Phone No	*5. State of Incorporation*
716-932-5150	NEW YORK

6. Brief Description of the Character of Business Conducted in Rhode Island
THIRD PARTY CONTINGENCY DEBT COLLECTIONS

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

President Name JOHN C. MANLEY JR	*Vice President Name* ROBERT P. MANLEY
Street Address 5000 SANDSTONE CT.	*Street Address* 26 B ELK TERMINAL
City CLARENCE *State* NY *Zip* 14031	*City* BUFFALO *State* NEW YORK *Zip* 14206
Secretary Name ROBERT P. MANLEY	*Treasurer Name* JOHN C. MANLEY JR
Street Address SEE ABOVE	*Street Address* SEE ABOVE
City *State* *Zip*	*City* *State* *Zip*

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

Director Name JOHN C. MANLEY JR	*Director Name* ROBERT P. MANLEY
Street Address SEE ABOVE	*Street Address* SEE ABOVE
City *State* *Zip*	*City* *State* *Zip*
Director Name NONE	*Director Name* NONE
Street Address	*Street Address*
City *State* *Zip*	*City* *State* *Zip*

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐
ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
200	COMMON	NPV

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]

FILED
File Date FEB 17 2011
Check No.
By: 1047
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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 [signature] *Date* 2/10/2011
Print or Type Name JOHN C. MANLEY JR
[redacted]
Title PRESIDENT