



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. 000090111		2. Name of Corporation Century Collection Agency, Inc.			
3. Street Address Principal Business Office 23 Maiden Lane			City North Haven	State Ct	Zip 06473
4. Business Phone No. 203-234-1786		5. State of Incorporation Connecticut			
6. Brief Description of the Character of Business Conducted in Rhode Island Healthcare Collections					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name Vincent Tammaro		
Street Address			Street Address YNHH Howard Ave		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			Director Name William Gedge		
Director Name Eugene Colucci			Street Address YNHH 789 Howard Ave		
Street Address Greenwich Hospital 5 Perry Ridge Rd			City New Haven		
City	State	Zip	City	State	Zip
Greenwich	Ct	06830	New Haven	Ct	06519
Director Name Patrick McCabe			Director Name John Skelly		
Street Address Bpt Hospital 267 Grant St			Street Address Ynhh 789 Howard Ave		
City	State	Zip	City	State	Zip
Bridgeport	Ct	06610	New Haven	Ct	06519
9. SHARES AUTHORIZED			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 100	Class/Series A	Par Value 0

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.

FILED

File Date MAR 11 2011

Check No. 0139754 9:53

By: BY

FOR SECRETARY OF STATE USE ONLY

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 William Giovanni Date 3/8/11

Print or Type Name Director of Operations

Title