



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000090111

2. Name of Corporation Century Collection Agency, Inc.

3. Street Address Principal Business Office:

No. and Street: 23 MAIDEN LANE

City or Town: NORTH HAVEN

State: CT

Zip: 06473

Country: USA

4. Business Phone No.

203-234-1786

5. State of Incorporation

State: CT

6. Brief Description of the Character of Business Conducted in Rhode Island

MEDICAL COLLECTIONS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	VINCENT TAMMARO	YNHH HOWARD AVENUE NEW HAVEN, CT 06511 USA
SECRETARY	WILLIAM GIOVANNI	23 MAIDEN LANE NORTH HAVEN, CT 06473 US
DIRECTOR	PATRICK MCCABE	267 GRANT ST BRIDGEPORT, CT 06610 US
DIRECTOR	RAY MCCARTHY	266 MILL HILL AVE, 3RD FLOOR BRIDGEPORT, CT 06610 US
DIRECTOR	JAMES STATEN	20 YORK ST NEW HAVEN, CT 06504 US
DIRECTOR	EUGENE COLUCCI	GH 5 PERRY RIDGE RD GREENWICH, CT 06830 USA
DIRECTOR	TERRY COTE	267 GRANT ST BPT, CT 06610 US
DIRECTOR	MARIANNE DESS-SANTORO	300 GEORGE ST. 6TH FLOOR NEW HAVEN, CT 06519 US
DIRECTOR	WILLIAM GEDGE	789 HOWARD AVE NEW HAVEN, CT 06519 US
DIRECTOR	MARC LOMBARDI	20 YORK ST NEW HAVEN, CT 06519 US

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.00	100.00	100

9. 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.

Signed this 8 Day of February, 2012 at 11:12:05 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By WILLIAM GIOVANNI
Signature of Authorized Representative of the Corporation

SECRETARY
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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