



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 2012

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. 66705		2. Name of Corporation Municipal Collection Agency, Inc.			
3. Street Address Principal Business Office 10 Dorrance Street, Suite 620			City Providence	State RI	Zip 02903
4. Business Phone No. 401-521-6400		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Collection service for municipalities for taxes, fines, fees, etc.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dennis M. P. Odess			Vice President Name Dennis M. P. Odess		
Street Address 10 Dorrance Street, Suite 620			Street Address 10 Dorrance Street, Suite 620		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Dennis M.P. Odess			Treasurer Name Dennis M.P. Odess		
Street Address 10 Dorrance Street, Suite 620			Street Address 10 Dorrance Street, Suite 620		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dennis M.P. Odess			Director Name		
Street Address 10 Dorrance Street, Suite 620			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
ISSUED SHARES — THIS SECTION 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
			None		
THIS SECTION MUST BE COMPLETED					

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

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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.

Dennis M. P. Odess 2/14/12
Signature Date

Dennis M.P. Odess

Print or Type Name

President

Title

