



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. <b>143090</b>		2. Name of Corporation <b>RETAIL DECISIONS</b>		
3. Street Address Principal Business Office <b>379 THORNALL STREET 7TH FLOOR</b>			City <b>EDISON</b>	State <b>NJ</b>
4. Business Phone No. <b>732-452-2440</b>		5. State of Incorporation <b>NEW JERSEY</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island <b>CREDIT CARD RISK MANAGEMENT SERVICES</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>PAUL STANLEY</b>		Vice President Name <b>KEVIN J SPRAKE</b>		
Street Address <b>HAWKSWOOD HOLLIS HILLS BILDEN</b>		Street Address <b>3 ROGER AVE</b>		
City <b>WEST YORKSHIRE</b>	State <b>UK</b>	Zip	City <b>LINCROFT</b>	State <b>NJ</b>
Secretary Name <b>YASSAMAN MAHDAVI</b>		Treasurer Name <b>NESHIA BATCHASINGH</b>		
Street Address <b>2420 STAFFORD ROAD</b>		Street Address <b>31 SANDHILLS LANE</b>		
City <b>THOUSAND OAKS</b>	State <b>CA</b>	Zip <b>91361</b>	City <b>SURREY</b>	State <b>UK</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>PAUL STANLEY</b>		Director Name		
Street Address <b>HAWKSWOOD HOLLIS HILLS BILDON</b>		Street Address		
City <b>WEST YORKSHIRE</b>	State <b>UK</b>	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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
		<b>100</b>	<b>COMMON</b>	<b>0</b>

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**

**MAR 29 2012**

*W537*  
*DS*

By: \_\_\_\_\_

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

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.

*Kevin J. Sprake* **12/19/2011**  
Signature Date  
**Kevin J. Sprake**  
Print or Type Name  
**Regional Director**  
Title