



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000135500		2. Exact name of the Corporation Monarch Recovery Management, Inc.								
3. Principal office address 10965 Decatur Road			City Philadelphia	State PA	Zip 19154					
4. Business Phone No. 215-281-7500			5. State of Incorporation PA							
6. Brief description of the character of business conducted in Rhode Island Debt collection via telephone, fax and mail										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name William J Fuller			Vice-President Name							
Street Address 10965 Decatur Road			Street Address							
City Philadelphia	State PA	Zip 19154	City	State	Zip					
Secretary Name Sharon M. Tarallo			Treasurer Name Diane Mazzacano							
Street Address 10965 Decatur Road			Street Address 10965 Decatur Road							
City Philadelphia	State PA	Zip 19154	City Philadelphia	State PA	Zip 19154					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name William J Fuller			Director Name Diane Mazzacano							
Street Address 10965 Decatur Road			Street Address 10965 Decatur Road							
City Philadelphia	State PA	Zip 19154	City Philadelphia	State PA	Zip 19154					
Director Name Sharon M Tarallo			Director Name Anthony Mazzacano							
Street Address 10965 Decatur Road			Street Address 10965 Decatur Road							
City Philadelphia	State PA	Zip	City Philadelphia	State PA	Zip 19154					
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.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						1000	CWP	\$1.00		

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.

File Date: _____ **FILED**
 Check No: _____
 By: _____ **JAN 09 2013**
 FOR SECRETARY OF STATE USE ONLY **623690**

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.

William J Fuller 1/4/2013
 Signature of Authorized Representative Date
William J Fuller
 Print or Type Name of Authorized Representative