



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

Fee: \$20.00

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

Foreign Non-Profit  
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000557021

2. Name of Corporation Consumer Credit and Budget Counseling, Inc.

3. State of Incorporation

State: NJ

4. Corporate Address in Rhode Island

No. and Street: 450 VETERANS MEMORIAL PARKWAY  
SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 299 SOUTH SHORE ROAD

City or Town: MARMORA State: NJ Zip: 08223 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

EDUCATION AND DEBT MANAGEMENT COUNSELING

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
PRESIDENT	GEORGE E ROE	14104 58TH STREET NORTH CLEARWATER, FL 33760 USA
TREASURER	RUSSELL E GRAVES	299 SOUTH SHORE ROAD MARMORA, NJ 08223 USA
SECRETARY	JUDITH R SORENSEN	14104 58TH STREET NORTH CLEARWATER, FL 33760 USA
EXECUTIVE DIRECTOR	RUSSELL E GRAVES	299 SOUTH SHORE ROAD

		MARMORA, NJ 08223 USA
VICE PRESIDENT	JUDITH R SORENSEN	14104 58TH STREET NORTH CLEARWATER, FL 33760 USA
DIRECTOR	DANIEL V STEWART	41 CORY DRIVE TOMS RIVER, NJ 08755 USA
DIRECTOR	CHARLES H BENJAMIN	224 SUNSET DRIVE FORKED RIVER, NJ 08731 USA
DIRECTOR	BRIAN BIENKOWSKI	5927 MORNINGSIDE DRIVE LAKE WORTH, FL 33463 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**9. This report must be signed by either the President, Vice President, Secretary, Assistant  
Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 19 Day of May, 2014 at 10:49:45 AM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By JUDITH R SORENSEN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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