



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. 000162368

2. Name of Corporation CRICKET DEBT COUNSELING, INC.

3. State of Incorporation

State: OR

4. Corporate Address in Rhode Island

No. and Street: C/O NRAI

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: 219 SW STARK STREET

SUITE 200

City or Town: PORTLAND State: OR Zip: 97204 Country: USA

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

TO PROVIDE CREDIT COUNSELING AND DEBTOR EDUCATION TO THOSE FILING
BANKRUPTCY

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/SECRETARY/DIRECTOR	JOHN PETSHOW	10121 SE SUNNYSIDE RD. #300 CLACKAMAS, OR 97015 USA
TREASURER/CHAIRMAN/DIRECTOR	JEFFREY OLSON	1426 GREENTREE CIRCLE LAKE OSWEGO, OR 97035 USA
DIRECTOR	RICHARD LOVELL	5555 WINDERLY PLACE, #300

		MAITLAND, FL 32751 USA
DIRECTOR	DON TOP	3690 CLAUSEN ACRES LANE NE SALEM, OR 97303 USA
DIRECTOR	DAVID GOIKE	19234 CHELTON DRIVE BEVERLY HILLS, MI 48025 USA
DIRECTOR	JOANN BRECHBILL	820 LOMA POINT COLORADO SPRINGS, CO 80906 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 4 Day of June, 2014 at 3:39:49 PM 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 JOHN PETSHOW
Signature of Authorized Person

Form No. 631
Revised 09/07

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