



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 **2011**

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. 150690		2. Exact name of the Corporation Bank of the Ozarks			
3. Principal office address 17901 Chenal Parkway			City Little Rock	State AR	Zip 72223
4. Business Phone No. (501)978-2265			5. State of Incorporation Arkansas		
6. Brief description of the character of business conducted in Rhode Island Equipment Financing					
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name George Gleason			Vice-President Name Dan Thomas		
Street Address 17901 Chenal Parkway			Street Address 17901 Chenal Parkway		
City Little Rock	State AR	Zip 72223	City Little Rock	State AR	Zip 72223
Secretary Name Tyler Vance			Treasurer Name Greg McKinney		
Street Address 17901 Chenal Parkway			Street Address 17901 Chenal Parkway		
City Little Rock	State AR	Zip 72223	City Little Rock	State AR	Zip 72223
LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert East			Director Name Richard Cisne		
Street Address 17901 Chenal Parkway			Street Address 17901 Chenal Parkway		
City Little Rock	State AR	Zip 72223	City Little Rock	State AR	Zip 72223
Director Name R.L. Qualls			Director Name Jean Arehart		
Street Address 17901 Chenal Parkway			Street Address 17901 Chenal Parkway		
City Little Rock	State AR	Zip 72223	City Little Rock	State AR	Zip 72223
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
			2340	common	\$25

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 OFFICE OF THE SECRETARY OF STATE

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: _____
 Check No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

JUL 08 2014

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.

Signature of Authorized Representative

Date

Scott Hastings

Print or Type Name of Authorized Representative