



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

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00 • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 796694		2. Exact name of the limited liability company IAB SOLUTIONS, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island ACCOUNTS RECEIVABLE SERVICES			
5. Principal office address 233 NORTHERN BOULEVARD, SUITE 2		City CLARKS SUMMIT	State PA	Zip 18411	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHAEL KOWALSKI			Contact Title VICE PRESIDENT, CONTROLLER		
Street Address 233 NORTHERN BOULEVARD, SUITE 2		City CLARKS SUMMIT	State PA	Zip 18411	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name HAMILTON F. POTTER III			Manager Name		
Street Address 260 WALL STREET			Street Address		
City PRINCETON	State NJ	Zip 08540	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

FILED

OCT 23 2014

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

Michael J. Kowalski 10-16-2014
Signature of Authorized Person Date
MICHAEL J. KOWALSKI
Print or Type Name of Authorized Person