



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 **2015**

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. <b>559542</b>		2. Exact name of the Corporation <b>CONTRACT CALLERS, INC.</b>			
3. Principal office address <b>501 GREENE ST SUITE 302</b>		City <b>AUGUSTA</b>	State <b>GA</b>	Zip <b>30901</b>	
4. Business Phone No. <b>706-868-5188</b>		5. State of Incorporation <b>GEORGIA</b>			
6. Brief description of the character of business conducted in Rhode Island <b>COLLECTION AGENCY</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>WILLIAM T WERTZ</b>		Vice-President Name			
Street Address <b>501 GREENE ST. SUITE 302</b>		Street Address			
City <b>AUGUSTA</b>	State <b>GA</b>	Zip <b>30901</b>	City	State	Zip
Secretary Name <b>PAUL SQUIRES</b>		Treasurer Name			
Street Address <b>1320 CENTRE ST SUITE 200</b>		Street Address			
City <b>NEWTON CENTER</b>	State <b>MA</b>	Zip <b>02459</b>	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>WILLIAM T WERTZ</b>		Director Name			
Street Address <b>501 GREENE ST. SUITE 302</b>		Street Address			
City <b>AUGUSTA</b>	State <b>GA</b>	Zip <b>30901</b>	City	State	Zip
Director Name <b>PAUL SQUIRES</b>		Director Name			
Street Address <b>1320 CENTRE ST SUITE 200</b>		Street Address			
City <b>NEWTON CENTER</b>	State <b>MA</b>	Zip <b>02459</b>	City	State	Zip
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	
		100,000	COMMON	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 \_\_\_\_\_  
Check No \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**  
**MAR 02 2015**

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

02/24/2015

Date

**WILLIAM T WERTZ**

Print or Type Name of Authorized Representative