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.	2. Exact name of the Corporation
559542	CONTRACT CALLERS, INC.

3. Principal office address	City	State	Zip
501 GREENE ST SUITE 302	AUGUSTA	GA	30901

4. Business Phone No.	5. State of Incorporation
706-868-5188	GEORGIA

6. Brief description of the character of business conducted in Rhode Island
COLLECTION AGENCY

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
WILLIAM T WERTZ	
Street Address	**Street Address**
501 GREENE ST. SUITE 302	
City / State / Zip	City / State / Zip
AUGUSTA / GA / 30901	
Secretary Name	**Treasurer Name**
PAUL SQUIRES	
Street Address	**Street Address**
1320 CENTRE ST SUITE 200	
City / State / Zip	City / State / Zip
NEWTON CENTER / MA / 02459	

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
WILLIAM T WERTZ	
Street Address	**Street Address**
501 GREENE ST. SUITE 302	
City / State / Zip	City / State / Zip
AUGUSTA / GA / 30901	
Director Name	**Director Name**
PAUL SQUIRES	
Street Address	**Street Address**
1320 CENTRE ST SUITE 200	
City / State / Zip	City / State / Zip
NEWTON CENTER / MA / 02459	

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	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
BY 17851

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.

02/24/2015
Signature of Authorized Representative — Date

WILLIAM T WERTZ
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012