



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>66705</b>		2. Exact name of the Corporation <b>MUNICIPAL COLLECTION AGENCY, INC.</b>			
3. Principal office address <b>10 Dorrance Street, Suite 620</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
4. Business Phone No. <b>(401) 521-6400</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Collection service for municipalities for taxes, fines, fees, etc.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name <b>Dennis M. P. Odess</b>			Vice-President Name <b>Dennis M. P. Odess</b>		
Street Address <b>10 Dorrance Street, Suite 620</b>			Street Address <b>10 Dorrance Street, Suite 620</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Dennis M. P. Odess</b>			Treasurer Name <b>Dennis M. P. Odess</b>		
Street Address <b>10 Dorrance Street, Suite 620</b>			Street Address <b>10 Dorrance Street, Suite 620</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name <b>Dennis M. P. Odess</b>			Director Name		
Street Address <b>10 Dorrance Street, Suite 620</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" 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	
<b>NONE</b>					

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  
Filing No.  
By  
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 13 2015

By 244615  
A.A.

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.

A. M. O. / h  
Signature of Authorized Representative

Date

**Dennis M. P. Odess**

Print or Type Name of Authorized Representative