



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000194518

2. Name of Corporation Association for Responsible Consumer, Inc.

3. State of Incorporation

State: TX

4. Corporate Address in Rhode Island

No. and Street: C/O CT CORPORATION SYSTEM

450 VETERANS MEMORIAL PKWY STE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 130 E JOHN CARPENTER FWY

STE 200

City or Town: IRVING State: TX Zip: 75062 Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO INFORM AND EDUCASTE AMERICAN CITIZENS OHN MATTERS RELATING TO THE CONCERNS AND NEEDS OF THE TYPICAL CONSUMER

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARSHA BROWN	130 E JOHN CARPENTER FW STE 200 IRVING, TX 75062 USA
TREASURER	A SCOTT LETIER	130 E JOHN CARPENTER FW STE 200 IRVING, TX 75062 USA
SECRETARY	A SCOTT LETIER	130 E JOHN CARPENTER FW STE 200 IRVING, TX 75062 USA

VICE PRESIDENT	ALISA E DAVIS	130 E JOHN CARPENTER FW STE 200 IRVING, TX 75062 USA
DIRECTOR	MARSHA BROWN	130 E JOHN CARPENTER FW STE 200 IRVING, TX 75062 USA
DIRECTOR	ALISA E DAVIS	130 E JOHN CARPENTER FW STE 200 IRVING, TX 75062 USA
DIRECTOR	A SCOTT LETIER	130 E JOHN CARPENTER FW STE 200 IRVING, TX 75062 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 20 Day of May, 2015 at 3:36:15 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARSHA BROWN
Signature of Authorized Person

Form No. 631
Revised 09/07

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