



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. 000162368

2. Name of Corporation CRICKET DEBT COUNSELING, INC.

3. State of Incorporation

State: OR

4. Corporate Address in Rhode Island

No. and Street: C/O NRAI 450 VETERANS MEMORIAL  
PARKWAY  
SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 219 SW STARK STREET SUITE 200

City or Town: PORTLAND State: OR Zip: 97204 Country:

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

TO PROVIDE CREDIT COUNSELING AND DEBTOR EDUCATION TO THOSE FILING  
BANKRUPTCY

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
SECRETARY / DIRECTOR	DAVID GOIKE	19234 CHELTON DRIVE BEVERLY HILLS, MI 48025 USA
PRESIDENT / DIRECTOR	JOHN PETSHOW	10121 SE SUNNYSIDE RD. #300 CLACKAMAS, OR 97015 USA
DIRECTOR	JAMES SUNDERLAND	219 SW STARK STREET SUITE 200

		PORTLAND, OR 97204 USA
DIRECTOR	JOANN BRECHBILL	820 LOMA POINT COLORADO SPRINGS, CO 80906 USA
DIRECTOR	DON TOP	3690 CLAUSEN ACRES LANE NE SALEM, OR 97303 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**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 4 Day of June, 2015 at 4:40:24 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 JOHN PETSHOW  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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