



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000713834		2. Exact name of the limited liability company Regional Asset Recovery Solutions LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Excess Proceeds Recovery			
5. Principal office address 5600 Post Road Suite 114-197			City East Greenwich	State RI	Zip 02818
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert Fournier			Contact Title Manager		
Street Address 5600 Post Road Suite 114-197			City East Greenwich	State RI	Zip 02818
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Robert Fournier			Manager Name		
Street Address 4 Starlite Ct			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

2015 DEC 21 AM 11:35
 SECRETARY OF STATE
 CORPORATIONS DIV.

FILED

DEC 21 2015

By 26374
 A.A. 11:38 A.M.

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.

Robert Fournier 12/11/15
 Signature of Authorized Person Date

ROBERT FOURNIER
 Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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