



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 2016

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.

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|---|--------------------|---|--|---------------------|---------------------|
| 1. Entity ID No. 489221 | | 2. Exact name of the Corporation SEQUOIA CONCEPTS, INC. | | | |
| 3. Principal office address 28632 ROADSIDE DRIVE, SUITE 110 | | City AGOURA HILLS | State CA | Zip 91301 | |
| 4. Business Phone No. (818) 409-6000 | | 5. State of Incorporation CALIFORNIA | | | |
| 6. Brief description of the character of business conducted in Rhode Island DEBT COLLECTION SERVICES | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name ROY C. DUPLESSIS | | | Vice-President Name DENISE DUPLESSIS | | |
| Street Address 28632 ROADSIDE DRIVE, SUITE 110 | | | Street Address 28632 ROADSIDE DRIVE, SUITE 110 | | |
| City AGOURA HILLS | State CA | Zip 91301 | City AGOURA HILLS | State CA | Zip 91301 |
| Secretary Name ROY C. DUPLESSIS II | | | Treasurer Name ROY C. DUPLESSIS | | |
| Street Address 28632 ROADSIDE DRIVE, SUITE 110 | | | Street Address 28632 ROADSIDE DRIVE, SUITE 110 | | |
| City AGOURA HILLS | State CA | Zip 91301 | City AGOURA HILLS | State CA | Zip 91301 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name ROY C. DUPLESSIS | | | Director Name DENISE DUPLESSIS | | |
| Street Address 28632 ROADSIDE DRIVE, SUITE 110 | | | Street Address 28632 ROADSIDE DRIVE, SUITE 110 | | |
| City AGOURA HILLS | State CA | Zip 91301 | City AGOURA HILLS | State CA | Zip 91301 |
| 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 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. | | | | | |
| | | | | | |

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

JAN 13 2016

By: **265160**

A.A. 10:21 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.

Signature of Authorized Representative _____ Date **01/04/2016**
ROY C. DUPLESSIS
Print or Type Name of Authorized Representative