



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. 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.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						100,000	C	1.00

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

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A.A. 10:19 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

01/04/2016

Date

ROY C. DUPLESSIS

Print or Type Name of Authorized Representative

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