



**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 2014**

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

**265160**

**A.A. 10:18A.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  
**ROY C. DUPLESSIS**  
Date  
**01/04/2016**  
Print or Type Name of Authorized Representative