



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: 2016

1. Corporate ID No. 000130040

2. Name of Corporation Alliance Credit Counseling, Inc.

3. State of Incorporation

State: NC

4. Corporate Address in Rhode Island

No. and Street: C/O NATIONAL REGISTERED AGENTS, INC.
450 VETERANS MEMORIAL PARKWAY #7A

City or Town: EAST PROVIDENCE State: RI Zip: 02916 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 15720 BRIXHAM HILL AVENUE #575

City or Town: CHARLOTTE State: NC Zip: 28277 Country: USA

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

PROVIDES FREE DEBT MANAGEMENT AND EDUCATIONAL PROGRAMS THAT HELP THE FINANCIALLY DISTRESSED TO EFFECTIVELY MANAGE THEIR FINANCES AND GAIN FINANCIAL FREEDOM.

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
PRESIDENT	KEVIN PORTER	4335 PIPER GLENN DR CHARLOTTE, NC 28277 USA
TREASURER	KERRY PORTER	11914 SOUTHCREST LN PINEVILLE, NC 28134 USA
SECRETARY	SCOTT HANNAY	11416 FOGGY BANK LN

		CHARLOTTE, NC 28214 USA
DIRECTOR	CHARLES OLIPHANT	6558 CROSSFIELD LN CHARLOTTE, NC 28226 USA
DIRECTOR	DOUGLASS COLBERT	4002 BEAVERBROOK DR INDAIN TRAIL, NC 28079 USA
DIRECTOR	PAMELA TURNER	120 BRECKENRIDGE LN ATHENS, GA 30606 USA
DIRECTOR	J. KEVIN TOOMB	4519 CROWNVISTA DR CHARLOTTE, NC 28269 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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 5 Day of April, 2016 at 11:40:44 AM 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 KERRY P PORTER
Signature of Authorized Person

Form No. 631
Revised 09/07

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