

State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

HOPE						
Non-Profit Corporation	Annual Re	eport for the	year: 2016	1		
Filing period: June 1 - June 3	ס	-				
Filing Fee: \$20.00 *FAILURE	TO FILE TH	IS REPORT BY	JULY 30 WILL RESUL	T IN A \$25.00 PENAL	TY FEE.	
1. Entity ID Number	2. Exact name of the Corporation					
000506651	National Budget Planners of South Florida, Inc.					
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
Florida	Provision of debt management and credit counseling services					
5. Principal Office Address			City	State	Zip	
350 Sonic Avenue, Floor 2			Livermore	CA	94551	
6. List ALL officers (names and	addresses)		Check the box to indicate an attachment			
President Name Geetika Walia			Vice-President Name POSITION IS VACANT			
Street Address 4101 Dublin Blvd., Ste. F-142			Street Address			
City Dublin	State CA	^{Zip} 94568	City	State	Zip	
Secretary Name Geetika Walia			Treasurer Name			
Street Address 4101 Dublin Blvd., Ste. F-142			Street Address			
^{City} Dublin	State CA	^{Zip} 94568	City	State	Zip	
7. List ALL directors (names and	addresses). R	I Corporations MI	UST list at least THREE dir	rectors. Check the box to indicat	e an attachment	
Director Name Geetika Walia			Director Name Layne Jensen			
Street Address 4101 Dublin Blvd., Ste. F-142			Street Address 4101 Dublin Blvd., Ste. F-142			
^{City} Dublin	State CA	^{Zip} 94568	^{City} Dublin	State CA	^{Zip} 94568	
Director Name Alka Puri			Director Name			
Street Address 4101 Dublin Blvd., Ste. F-142			Street Address			
City Dublin	State CA	^{Zip} 94568	City	State	Zip	
8. Registered Agent in Rhode Isl	and. This inform	nation is currently of	record in the Department of S	tate. Changes require filing	Form 641.	
Under penalty of perjury, I dec statements, and that all staten				ing any accompanying	schedules and	
This report must be signed by either the F	resident, Vice-Pre	sident, Secretary, Assis	stant Secretary, Treasurer, duly Aut	thorized Representative, Rece	iver or Trustee.	
Name of Officer/Authorized Repo	resentative			Date 5/13/2016	1	
Signature of Officer/Authorized R	anracantativa					
Geetika Walia	cpresentative	SIGN DOC	Olgitally signed by Gestiks Walis 1 Ant: crit Gestiks Walis, of National Budget Plan Derez 2016.05.13 10:08:32-07:00	ners, cu≖National Budget Planners, email∺egal≬	@nationalbudget.org, c=US	
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FILED 22 MAY 2 3 2016

Form No. 631 Revised: 2016