	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00	
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet 04-2615		
Limited Liability Com Annual Report Filing Period: September 1				
In accordance with R.I.G.L	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presc			
ANNUAL REPORT YEAR: 2016				
1. ID No. <u>000899540</u>				
2. Exact Name of the Limited Liability Company Citation Collection Services, LLC				
3. State of Formation				
State: IN				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
4. Dher Description of the Character of the Business which is Actually Conducted in Knode Island				
debt collection				
5. Principal Office Addre	255			
No. and Street: 8900 KEYSTONE CROSSING, SUITE 700				
City or Town: INDIAN	<u>IAPOLIS</u>	State: IN Zip: 46240 Count	try: <u>USA</u>	
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:		
Contact Name: CHRIST	Y BOGGS Contact Title: MANAGE	<u>R</u>		
No. and Street: 8900 KEYSTONE CROSSING, SUITE 700 City or Town: INDIANAPOLIS State: IN Zip: 46240Country: USA				
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.				
DO NOT LIST MEMBERS				
Title	Individual Name	Address	<b>A</b> 1	
MANAGER	First, Middle, Last, Suffix JAMES M. ZALOUDEK	Address, City or Town, State, Zip Code, 8900 KEYSTONE CROSSING, SL		
MANAGER	CAROL L PFERRER	INDIANAPOLIS, IN 46240 USA		
		8900 KEYSTONE CROSSING, S INDIANAPOLIS, IN 46240 USA	TE 700	
	RHODE ISLAND - DO NOT ALTER			
Changes Require Filin	g of Form 642 - R.I.G.L. 7-16-11			
CORPORATION SERVI	CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI			

02888

## 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 24 Day of July, 2016 at 10:57:15 PM 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 § 7-16.* 

By JAMES M. ZALOUDEK

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\ensuremath{\mathbb{C}}$  2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved