



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000667192

2. Exact Name of the Limited Liability Company Grand Vacations Services LLC

3. State of Formation

State: DE

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 561440

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

DEBT COLLECTION

5. Principal Office Address

No. and Street: 6355 METROWEST BLVD.
SUITE 180

City or Town: ORLANDO State: FL Zip: 32835 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: RACHAEL PACKARD Contact Title: COMPLIANCE MANAGER

No. and Street: 6355 METRO WEST BOULEVARD SUITE 180

City or Town: ORLANDO State: FL Zip: 32835 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MARK D. WANG	6355 METROWEST BLVD., SUITE 180 ORLANDO, FL 32835 USA

MANAGER	MICHAEL D. BROWN	6355 METROWEST BLVD., SUITE 180 ORLANDO, FL 32835 USA
MANAGER	STAN R. SOROKA	6355 METROWEST BLVD., SUITE 180 ORLANDO, FL 32835 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

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 1 Day of September, 2016 at 1:56:02 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 MICHAEL D. BROWN
Signature of Authorized Person

Form No. 632
Revised 09/07

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