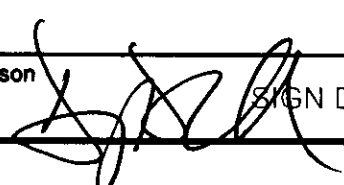




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|----------|---|---|--------------------|-----------|
| 1. Entity ID Number 1015095 | | 2. Exact name of the Limited Liability Company Allied Cash Advance Ohio, LLC | | | |
| 3. NAICS Code 52 - Finance and Insurance | | 4. Brief description of the character of business conducted in Rhode Island Consumer Lending | | | |
| 5. State of Formation DE | | | | | |
| 6. Principal Office Address 7755 Montgomery Road, Suite 400 | | City Cincinnati | State OH | Zip 45236 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Tracey Tucker | | | Contact Title Corporate Paralegal | | |
| Street Address 7755 Montgomery Road, Suite 400 | | City Cincinnati | State OH | Zip 45236 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name A. David Davis | | | Manager Name Douglas D. Clark | | |
| Street Address 7755 Montgomery Road, Suite 400 | | | Street Address 7755 Montgomery Road, Suite 400 | | |
| City Cincinnati | State OH | Zip 45236 | City Cincinnati | State OH | Zip 45236 |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person Douglas D. Clark | | | | Date 09/07/2016 | |
| Signature of Authorized Person  | | | | SIGN DOCUMENT HERE | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

SEP 19 2016

By 1000067498