



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. 001657983

2. Exact Name of the Limited Liability Company Affirm Loan 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

6

541519

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

AFFIRM LOAN SERVICES LLC PLANS TO ORIGINATE AND SERVICE POINT-OF-SALE CONSUMER LOANS.

AFFIRM LOAN SERVICES LLC HAS NOT YET CONDUCTED BUSINESS IN RHODE ISLAND.

5. Principal Office Address

No. and Street: 225 BUSH STREET, SUITE 1600

City or Town: SAN FRANCISCO

State: CA Zip: 94104 Country: USA

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

Contact Name: MANUEL ALVAREZ Contact Title: SECRETARY

No. and Street: 225 BUSH ST, STE 1600

City or Town: SAN FRANCISCO

State: CA Zip: 94104 Country: USA

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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	ROB PFEIFER	225 BUSH STREET SUITE 1600 SAN FRANCISCO, CA 94104 USA
MANAGER	MANUEL P. ALVAREZ	225 BUSH ST, STE 1600 SAN FRANCISCO, CA 94104 USA
MANAGER	BRAD SELBY	225 BUSH ST, STE 1600 SAN FRANCISCO, CA 94104 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 20 Day of September, 2016 at 6:27:54 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 MANUEL P. ALVAREZ
Signature of Authorized Person

Form No. 632
Revised 09/07

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