| State of Rhode, Island and Pro Department of State | | |
|--|----------|--|
| Annual Report for the year: | 2016 | |
| Limited Liability Company | | |
| → Filing period: September 1 - No | vember 1 | |
| → Filing Fee: \$50.00 | | |

| → Penalty: Additional \$25.00 |) fee if form is | s not filed by Decr | ember 1. | - | | | |
|---|--|--|---|----------------------------------|----------------------|--|--|
| 1. Entity ID Number | 2. Exact nar | 2. Exact name of the Limited Liability Company | | | | | |
| 001026012 | MedConn C | MedConn Collection Agency LLC | | | | | |
| 3. NAICS Code 52 - Finance and Insurance | Brief description of the character of business conducted in Rhode Island Collection of Bad Debt accounts | | | | | | |
| 5. State of Formation CT | | | | | | | |
| 6. Principal Office Address | <u> </u> | | City | State | Zip | | |
| 2049 Silas Deane Hwy Ste 305 | | | Rocky Hill | ст | 06067 | | |
| 7. Mailing Address of Limited Lia | bility Compar | ny and Name or Ti | tle of Contact Person | | | | |
| Contact Name Frank M Souto | | | Contact Title Executive D | Contact Title Executive Director | | | |
| Street Address 2049 Silas Deane Hwy Ste 305 | | | City Rocky Hill | State CT | ^{Zip} 06067 | | |
| 8. List ALL managers (names an | nd addresses) | of the Limited Lia | bility Company, IF APPLICA | BLE - DO NOT LIST M | EMBERS | | |
| Manager Name Frank M Souto | | | Manager Name | Manager Name | | | |
| Street Address 2049 Silas Deane Hwy Ste 305 | | | Street Address | Street Address | | | |
| City Rocky Hill | State CT | ^{Zip} 06067 | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | | | Check the box to in | dicate an attachment | | |
| 9. Resident Agent in Rhode Island | d. This informa | ition is currently of re | cord with the Department of Str | ate. Changes require filing | Form 642. | | |
| Under penalty of perjury, I decl statements, and that all statem | are and affiri ents contain | m that I have examed herein are tru | mined this report, including and correct. | ng any accompanying | schedules and | | |
| Name of Authorized Person | | | | Date | Date | | |
| Frank M Souto | | | | 09-18-20 ⁻ | 09-18-2016 | | |
| Signature of Authorized Person | | hart of | WENT HERE | | , 33333 | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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SEP 29 2016

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