	State of Rhode Island an Office of the Se	ecretary of State	ons Fee: \$50.	
	Division Of B	usiness Services		
		River Street		
		RI 02904-2615		
HOPE	(401) 2	22-3040		
imited Liabilit	y Company			
Annual Report				
-iling Period: Septe	ember 1 - November 1			
	R.I.G.L. 7-16-66(d), each limited liabilit		-	
	port within thirty (30) days after the time ect to a penalty fee of \$25.00.	e prescribed by law (R.I.G.L. /	′-	
ANNUAL REPORT	YEAR: <u>2016</u>			
1. ID No. <u>001</u>	335016			
2. Exact Name o	f the Limited Liability Company \underline{Oi}	ne Advantage, LLC		
3. State of Forma	ation			
State: <u>DE</u>				
	ARTICL	-		
Using the following	g NAICS codes, please select the code	e that best describes your bus	iness.	
NAICS Code		6	<u>81</u>	
4. Brief Description	on of the Character of the Business	Which is Actually Conduct	ed in Rhode Island	
-		-		
CONSUMER DE	EBT COLLECTION			
5. Principal Office	Address			
No. and Street:	7650 MAGNA DRIVE			
City or Town:	BELLEVILLE	State: <u>IL</u> Zip: <u>62223</u>	Country: <u>USA</u>	
6 Mailing Addres	ss of Limited Liability Company and	Name or Title of Contact E	Porson:	
o. Manny Addres	s of Linned Liability Company and			
	Contact Title:			
No. and Street:	7650 MAGNA DRIVE			
City or Town:	BELLEVILLE	State: <u>IL</u> Zip: <u>62223</u>	Country: <u>USA</u>	
7. Name and Add DO NOT LIST M	lress of Each Manager of the Limite MEMBERS	ed Liability Company, if App	olicable.	
Title	Individual Name	Adr	Iress	
	First, Middle, Last, Suffix		State, Zip Code, Country	
MANAGER	THOMAS ESTOPARE		IAGNA DRIVE	
			BELLEVILLE, IL 62223 USA	
MANAGER	ARJUN MITRA	7650 N	7650 MAGNA DRIVE	

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 7 Day of October, 2016 at 5:56:12 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 <u>KELLY LETTMANN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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