



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

No Fee

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

Foreign Limited Liability Company
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

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 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: 633 FOLSOM STREET, 4TH FLOOR

City or Town: SAN FRANCISCO

State: CA Zip: 94107 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: 633 FOLSOM STREET, 4TH FLOOR

City or Town: SAN FRANCISCO

State: CA Zip: 94107 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	MANUEL ALVAREZ	633 FOLSOM STREET, 4TH FLOOR SAN FRANCISCO, CA 94107 USA

MANAGER	ROB PFEIFER	633 FOLSOM STREET, 4TH FLOOR SAN FRANCISCO, CA 94107 USA
MANAGER	BRAD SELBY	633 FOLSOM STREET, 4TH FLOOR SAN FRANCISCO, CA 94107 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

Signed this 25 Day of October, 2016 at 1:40:36 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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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

