RI SOS Filing Number: 201629147930 Date: 12/27/2016 4:00 PM

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

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
1000253	Axcess Financial Credit, Inc.

3. Principal Office Address	City	State	Zip
7755 Montgomery Road, Suite 400	Cincinnati	Ohio	45236

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 - Retail Trade	Consumer Loans
5. State of Incorporation	
Delaware	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

	President	Vice-President	Secretary	Treasurer
Name	A. David Davis	Douglas Clark	Melody Charlton	Martin Kuhn
Street Address	7755 Montgomery Road, Suite 400	7755 Montgomery Road, Suite 400	7755 Montgomery Road, Suite 400	7755 Montgomery Road, Suite 400
City	Cincinnati	Cincinnati	Cincinnati	Cincinnati
State	Ohio	Ohio	Ohio	Ohio
Zip	45236	45236	45236	45236

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

	Director	Director	Director	Director
Name	A. David Davis	Douglas Clark	Kelly Wall	
Street Address	7755 Montgomery Road, Suite 400	7755 Montgomery Road, Suite 400	7755 Montgomery Road, Suite 400	
City	Cincinnati,	Cincinnati	Cincinnati	
State	Ohio	Ohio	Ohio	
Zip	45236	45236	45236	

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	A	NPV

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative: Douglas Clark

Date: 12/20/2016

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
DEC 27 2016

1000 7292 1DS

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

146808-45-1150678

FORM 630 - Revised: 10/2016