



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

Fee: \$20.00

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

Foreign Non-Profit
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000517494

2. Name of Corporation SafeGuard Credit Counseling Services, Inc.

3. State of Incorporation

State: NY

4. Corporate Address in Rhode Island

No. and Street: 222 JEFFERSON BOULEVARD
SUITE 200

City or Town: WARWICK State: RI Zip: 02888 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 67 FORT SALONGA ROAD

City or Town: NORTHPORT State: NY Zip: 11768 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

DEBT MANAGEMENT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL J. SMITH	67 FORT SALONGA ROAD NORTHPORT, NY 11768 USA
ASST VICE PRESIDENT	JOSEPH FUSARO	67 FORT SALONGA ROAD NORTHPORT, NY 11768 USA
TRUSTEE	STEPHEN RIGGS	67 FORT SALONGA ROAD NORTHPORT, NY 11768 USA
VICE PRESIDENT	DONALD W. MASTROIANNI	67 FORT SALONGA ROAD

		NORTHPORT, NY 11768 USA
TRUSTEE	JOSEPH PANTALEO	67 FORT SALONGA ROAD NORTHPORT, NY 11768 USA
TRUSTEE	PATRICK MEEHAN	67 FORT SALONGA ROAD NORTHPORT, NY 11768 US
TRUSTEE	KEVIN GATES	67 FORT SALONGA ROAD NORTHPORT, NY 11768 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 12 Day of January, 2017 at 2:24:51 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 § 7-6.

By DONALD W. MASTROIANNI
Signature of Authorized Person

Form No. 631
Revised 09/07