



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 000074885		2. Exact name of the Corporation W.P.S. Systems, LTD of New England			
3. Principal Office Address 135 N Church St.		City Spartanburg		State SC	Zip 29306
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island To engage in the business of providing cash advances for consumers.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name J. Patrick O'Shaughnessy			Vice-President Name		
Street Address 135 N Church St.			Street Address		
City Spartanburg	State SC	Zip 29306	City	State	Zip
Secretary Name Jeffrey W. Newman			Treasurer Name J. Christian Rudolph		
Street Address 135 N Church St.			Street Address 135 N Church St.		
City Spartanburg	State SC	Zip 29306	City Spartanburg	State SC	Zip 29306
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name J. Patrick O'Shaughnessy			Director Name J. Christian Rudolph		
Street Address 135 N Church St.			Street Address 135 N Church St.		
City Spartanburg	State SC	Zip 29306	City Spartanburg	State SC	Zip 29306
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			800	Common	0
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 Preston Scott					Date 1/10/17
Signature of Authorized Representative					

FILED

JAN 17 2017

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

FORM 630 - Revised: 10/2016