

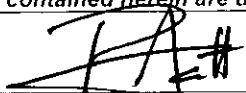


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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	
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	
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	
Director Name		Director Name	
Street Address		Street Address	
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 800	CLASS/SERIES Common
		PAR VALUE 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

74885

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