(U)

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

CONSUMER FINANCE CONSUMER FINANCE CONSUMER FINANCE Consumer Finance and Insurance State of Incorporation DELAWARE Check the box to Indicate an attachment President Name KATHRYN MADISON City List ALL Officers (names and addresses) Check the box to Indicate an attachment City ARLINGTON HEIGHTS State IL Zip 60126 City ARLINGTON HEIGHTS State IL Zip 60004 City ARLINGTO	1. Entity ID Number 21052		2. Exact name of the Corporation BENEFICIAL RHODE ISLAND INC.						
S. State of Incorporation DELAWARE S. State of Incorporation DELAWARE T. List ALL Officers (names and addresses) Check the box to indicate an attachment President Name KATHRYN MADISON Street Address 961 WEIGEL DR City ARLINGTON HEIGHTS State IL Zip 60126 City ARLINGTON HEIGHTS State IL Zip 60004 City ARLINGTON HEIGHTS Stat	•	Address					•		
S. State of Incorporation DELAWARE 7. List ALL Officers (names and addresses) Check the box to indicate an attachment President Name KATHRYN MADISON Street Address 961 WEIGEL DR City ELMHURST State IL Zip 60126 City ARLINGTON HEIGHTS Street Address 1421 W SHURE DR. STE 100 City ARLINGTON HEIGHTS Street Address 1421 W SHURE DR. STE 100 City ARLINGTON HEIGHTS State IL Zip 60004 Street Address 1421 W SHURE DR. STE 100 City ARLINGTON HEIGHTS State IL Zip 60004 Street Address 1421 W SHURE DR. STE 100 City ARLINGTON HEIGHTS State IL Zip 60004 Street Address 1421 W SHURE DR. STE 100 City ARLINGTON HEIGHTS State IL Zip 60004 Street Address 1421 W SHURE DR. STE 100 City ARLINGTON HEIGHTS State IL Zip 60004 Street Address Check the box to indicate an attachment Director Name Street Address Check the box to indicate an attachment Director Name Street Address Street Address Street Address Check the box to indicate an attachment Director Name Street Address Street Address Check the box to indicate an attachment Director Name Street Address City State Zip City State Zip City State Zip Check the box to indicate an attachment Number of State Common State Number of State Check the box to indicate an attachment Number of State Check the box to indicate an attachment Number of State Check the box to indicate an attachment Number of State Check the box to indicate an attachment Number of State Check the box to indicate an attachment Number of State Check the box to indicate an attachment Number of State Check the box to indicate an attachment Number of State Check the box to indicate an attachment Number of State Check the box to indicate an attachment Number of State Check the box to indicate an attachment Number of State Check the box to indicate an attachment Number of State Check				cter of business of	conducted in Rhode	Island			
T. List ALL Officers (names and addresses) Check the box to indicate an attachment President Name KATHRYN MADISON Street Address 961 WEIGEL DR City ELMHURST State IL Zip 60126 City ARLINGTON HEIGHTS State IL Zip 60004 Street Address 1421 W SHURE DR. STE 100 City ARLINGTON HEIGHTS State IL Zip 60004 Street Address 1421 W SHURE DR. STE 100 City ARLINGTON HEIGHTS State IL Zip 60004 City ARLINGTON HEIGHTS State IL Zip 60004 City ARLINGTON HEIGHTS State IL Zip 60004 Street Address 1421 W SHURE DR. STE 100 City ARLINGTON HEIGHTS State IL Zip 60004 Street Address Street Address Street Address Street Address 961 WEIGEL DR City State City State Zip City State Zip Director Name Street Address Street Address Street Address Street Address Street Address Street Address City State Zip City State Zip Zip Zip Zip Zip Zip Zip Zi			:R FINANCE						
Vice-President Name JOHN P GRIFFIN	·								
Vice-President Name JOHN P GRIFFIN	7. List ALL officers (names and	addresses)			Chec	k the box to	indicate an attachment		
Street Address 961 WEIGEL DR State IL Zip 60126 City ARLINGTON HEIGHTS State IL Zip 60004 Treasurer Name LYNNE ZAREMBA Street Address 1421 W SHURE DR. STE 100 Street Address 1421 W SHURE DR. STE 100 City ARLINGTON HEIGHTS State IL Zip 60004 City ARLINGTON HEIGHTS State IL Zip 60004 Street Address 1421 W SHURE DR. STE 100 City ARLINGTON HEIGHTS State IL Zip 60004 Street Address Of Weigel DR City ELMHURST State IL Zip 60126 City State Zip State Zip City State Zip State Zip City State Zip Common Street Address Chasseries PAR VALUE CLASSERIES PAR VALUE	President Name KATHRYN MAD	DISON		Vice-President	t Name JOHN P GR	UFFIN			
Street Address Street Address Street Address Street Address 961 WEIGEL DR Street Address Street Address Street Address Street Address 961 WEIGEL DR Street Address Street Address Street Address Street Address 961 WEIGEL DR Street Address Street Address Street Address Street Address Street Address 961 WEIGEL DR Street Address Street	Street Address 961 WEIGEL DR								
Street Address 1421 W SHURE DR. STE 100 City ARLINGTON HEIGHTS State IL Zip 60004 City ARLINGTON HEIGHTS State IL Zip 60004 City ARLINGTON HEIGHTS State IL Zip 60004 City ARLINGTON HEIGHTS Check the box to indicate an attachment Director Name Check the box to indicate an attachment Director Name Street Address Street Address City ELMHURST State Zip 60126 City State Zip City State Zip Director Name Street Address City State Zip Check the box to indicate an attachment Check the local contained the name of the name of the name of the corporation by an authorized representative. If the corporation is in the hands of a receiver rustee, this report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver rustee, 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 RICK L BEHNKE ASSISTANT TREASURER		l l	^{Zip} 60126	City ARLING	TON HEIGHTS	State IL			
Street Address 1421 W SHURE DR. STE 100 City ARLINGTON HEIGHTS State IL Zip 60004 Check the box to indicate an attachment Director Name Street Address Street Address City ELMHURST State IL Zip 60126 City State Zip Director Name Street Address City State Zip Director Name Street Address City State Zip Check the box to indicate an attachment Check the local contained the name of the corporation by an authorized representative. If the corporation is in the hands of a receiver rustee where 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 RICK L BEHNKE ASSISTANT TREASURER	Secretary Name LYNNE ZAREM	BA		Treasurer Nam	ne JOHN P GRIFFII	N .			
State IL Zip 60004 8. List ALL directors (names and addresses) Check the box to indicate an attachment Check The box to indicate an attachment Check The Director Name Street Address Gity ELMHURST State IL Zip 60126 City State Zip Director Name Street Address City ELMHURST City State Zip Director Name Street Address City State Zip Orector Name Street Address City State Zip Orector Name Street Address City State Zip Orector Name City State Zip Orector Name Street Address City State Zip Orector Name City State Zip Orector Name Street Address City State Zip Orector Name Check the box to indicate an attachment Number Of State. Chaspisceries PAR VALUE Director Name 10. Shares Issued Check the box to indicate an attachment Number Of State. Chaspisceries PAR VALUE Director Name 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 rustee, 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 RICK L BEHNKE ASSISTANT TREASURER	Street Address 1421 W SHURE [OR. STE 100			
8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name KATHRYN MADISON Street Address 961 WEIGEL DR State IL Zip 60126 City Clity State Zip Director Name Street Address City State Zip Director Name Street Address City State Zip City State Zip Other Address City State Zip Other Check the box to indicate an attachment CLASSISTERIES PAR VALUE Department of State. Changes require an additional filling. 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 rustee, 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 RICK L BEHNKE ASSISTANT TREASURER	City ARLINGTON HEIGHTS	State IL	^{Zip} 60004						
Street Address 961 WEIGEL DR State IL Zip 60126 City State Zip Director Name Street Address Street Address Street Address Street Address Street Address City State Zip City State Zip 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. 10. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver register, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declars 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 RICK L BEHNKE ASSISTANT TREASURER	8. List ALL directors (names and	addresses)			Check	k the box to			
City ELMHURST Director Name Director Name Street Address Street Address City State Zip City State Zip City State Zip Other Address Other Address	KATHRYN MADI:			Director Name					
Director Name Street Address City State Zip City State Zip City State Zip Check the box to indicate an attachment This information is currently of record in the Department of State. Changes require an additional filing. 10. Shares Issued Number of Shares CLASS/SERIES PAR VALUE 52 COMMON \$100 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 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 RICK L BEHNKE ASSISTANT TREASURER				Street Address		1111			
Street Address City State Zip City State Zip City State Zip State Journal State State State Zip Check the box to indicate an attachment number of state. Check the box to indicate an attachment number of state. Common State Common \$100 State CLASS/SERIES PAR VALUE Department of State. COMMON \$100 This incorrantion is currently of record in the number of state. Common State Common State Common State Common State State Department of State. Common State Department of State. State Department of State. Common State Department of State. Department of State. Common State Department of State. Department of State. Department of State. Common State Department of State. State Department of State. Department	City ELMHURST	State !L	^{Zip} 60126	City		State	Zip		
City State Zip City State Zip State Check the box to indicate an attachment number of state. CLASS/SERIES PAR VALUE Department of State. Changes require an additional filing. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver 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 RICK L BEHNKE ASSISTANT TREASURER	Director Name		<u> </u>	Director Name		!			
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 52 COMMON \$100 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 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 RICK L BEHNKE ASSISTANT TREASURER	Street Address			Street Address					
This information is currently of record in the Department of State. State	City	State	Zip	City		State	Zip		
This information is currently of record in the Department of State. Changes require an additional filing. 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 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 RICK L BEHNKE ASSISTANT TREASURER			10. Shares Iss	sued	Check	the box to i	ndicate an attachment		
Changes require an additional filing. 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 rustee, this report must be executed on behalf of the corporation by the receiver or trustee. 12. 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. 13. Name of Authorized Representative 14. Common 15. Common 16. The corporation is in the hands of a receiver or trustee. 16. 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. 16. Name of Authorized Representative 17. Common 18. Date 18. Date		cord in the		F SHARES	CLASS/SERIE				
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 rustee, 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 RICK L BEHNKE ASSISTANT TREASURER	•	*4	52		COMMON		\$100		
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 RICK L BEHNKE ASSISTANT TREASURER		•		Ī	_				
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 RICK L BEHNKE ASSISTANT TREASURER	1. This report must be executed	on behalf of the	corporation by an a	authorized represe	entative. If the corpo	oration is in f	the hands of a receiver		
Name of Authorized Representative RICK L BEHNKE ASSISTANT TREASURER Date 1/26//7	Inder penalty of perjury, I dec	lare and affirm t	that I have examine	ed this report, in	istee. Icluding any accor	mpanying s	chedules and		
RICK L BEHNKE ASSISTANT TREASURER 1/26/17	tatements, and that all statem	nents contained	herein are true an	d correct.					
			ASURER			Date	lacks		
AND THE PERSON OF THE PERSON O						//	46111		

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 1 0 2017

BY 900542259

KILL

功# 21052

BENEFICIAL RHODE ISLAND INC. Directors & Officers

Director	Kathryn Madison
President	Kathryn Madison
Vice President – Treasurer & Controller	John P. Griffin
Vice President & Secretary	Lynne Zaremba
Vice President	Donald Scarcello
Assistant Vice President & Assistant Secretary	Rose C. Mancini
Assistant Vice President & Assistant Secretary	Bruce E. Gaddy
Assistant Vice President	Joseph J. Kelly
Assistant Vice President	Carin Rodemoyer
Assistant Vice President	Phyllis I. Johnston
Assistant Vice President	Isabel Pierri-Isabelle
Assistant Vice President	Christina A. Kozaritz
Assistant Vice President	Connie F. Rogers
Assistant Vice President	Mark LoSacco
Assistant Vice President	Quandrea Fester
Assistant Vice President	Rhonda Nitsche
Assistant Vice President	Jose Churruca
Assistant Vice President	David Bertaut
Assistant Treasurer	Rick L. Behnke
Assistant Treasurer	James S. Stiegel
Assistant Treasurer	Steven E. Smith