



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 <b>21052</b>		2. Exact name of the Corporation <b>BENEFICIAL RHODE ISLAND INC.</b>			
3. Principal Office Address <b>636 GRAND REGENCY BLVD</b>		City <b>BRANDON</b>		State <b>FL</b>	Zip <b>33510</b>
4. NAICS Code <b>52 - Finance and Insurance</b>	6. Brief description of the character of business conducted in Rhode Island <b>CONSUMER FINANCE</b>				
5. State of Incorporation <b>DELAWARE</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name <b>KATHRYN MADISON</b>			Vice-President Name <b>JOHN P GRIFFIN</b>		
Street Address <b>961 WEIGEL DR</b>			Street Address <b>1421 W SHURE DR. STE 100</b>		
City <b>ELMHURST</b>	State <b>IL</b>	Zip <b>60126</b>	City <b>ARLINGTON HEIGHTS</b>	State <b>IL</b>	Zip <b>60004</b>
Secretary Name <b>LYNNE ZAREMBA</b>			Treasurer Name <b>JOHN P GRIFFIN</b>		
Street Address <b>1421 W SHURE DR. STE 100</b>			Street Address <b>1421 W SHURE DR. STE 100</b>		
City <b>ARLINGTON HEIGHTS</b>	State <b>IL</b>	Zip <b>60004</b>	City <b>ARLINGTON HEIGHTS</b>	State <b>IL</b>	Zip <b>60004</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>KATHRYN MADISON</b>			Director Name		
Street Address <b>961 WEIGEL DR</b>			Street Address		
City <b>ELMHURST</b>	State <b>IL</b>	Zip <b>60126</b>	City	State	Zip
Director Name			Director Name		
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. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<b>52 COMMON \$100</b>		
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. <b>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.</b>					
Name of Authorized Representative <b>RICK L BEHNKE ASSISTANT TREASURER</b>					Date <b>1/26/17</b>
Signature of Authorized Representative 					

RECEIVED BY MAIL FILED

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 10 2017

BY 900542259

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FORM 630 - Revised: 10/2016

ID # 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