



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000263995		2. Exact name of the Corporation Vehicle Protection, Inc.			
3. Principal office address 250 NE Mulberry		City Lees Summit	State MO	Zip 64086	
4. Business Phone No. 816-347-0900		5. State of Incorporation Missouri			
6. Brief description of the character of business conducted in Rhode Island Vehicle service contract administrator					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kevin S. Orr			Vice-President Name George H. Meiners		
Street Address 250 NE Mulberry			Street Address 250 NE Mulberry		
City Lees Summit	State MO	Zip 64086	City Lees Summit	State MO	Zip 64086
Secretary Name Kevin S. Orr			Treasurer Name George H. Meiners		
Street Address 250 NE Mulberry			Street Address 250 NE Mulberry		
City Lees Summit	State MO	Zip 64086	City Lees Summit	State MO	Zip 64086
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kevin S Orr			Director Name		
Street Address 250 NE Mulberry			Street Address		
City Lees Summit	State MO	Zip 64086	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	Common	NPV 1

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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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

9:53

FILED

APR 04 2017

BY JP 300087

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.

George H. Meiners 03/02/2016
 Signature of Authorized Representative Date

George H. Meiners Treasurer
 Print or Type Name of Authorized Representative