



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.

2017 APR 25 AM 10:30  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.

1. Entity ID Number <b>146704</b>	2. Exact name of the Corporation <b>SqaureTwo Financial Services Corporation</b>
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3. Principal Office Address <b>6300 S. Syracuse Way, Suite 200</b>	City <b>Centennial</b>	State <b>CO</b>	Zip <b>80111</b>
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4. NAICS Code <b>56</b>	6. Brief description of the character of business conducted in Rhode Island <b>Collection Agency</b>
5. State of Incorporation <b>Delaware</b>	

<b>7. List ALL officers (names and addresses)</b>						Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name <b>Please see attached</b>			Vice-President Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	

<b>8. List ALL directors (names and addresses)</b>						Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name <b>Please see attached</b>			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	

9. Shares Authorized <sup>9600</sup> <b>This information is currently of record in the Department of State.</b>	10. Shares Issued <input type="checkbox"/>		
Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>2348</b>	<b>CWP</b>	<b>\$0.0010</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.

**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 <b>James Baker Richardson, Jr.</b>	Date <b>3/15/2017</b>
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Signature of Authorized Representative **SIGN DOCUMENT 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

**APR 25 2017 10:33**

**BY KCL 301979**

**SQUARETWO FINANCIAL SERVICES CORPORATION**  
**ID # 202305554**  
**OFFICERS AND DIRECTORS**  
**2017**

<b>Name</b>	<b>Title</b>	<b>Address</b>
James Baker Richardson, Jr	Director, President & CEO	6300 S. Syracuse Way, Suite 300 Centennial, CO 80111
Kristin Thielking	SVP – Human Resources	6300 S. Syracuse Way, Suite 300 Centennial, CO 80111
Mark Erickson	SVP – Acquisitions & Market Development	6300 S. Syracuse Way, Suite 300 Centennial, CO 80111
Bethany Parker	SVP – Customer Experience	6300 S. Syracuse Way, Suite 300 Centennial, CO 80111
Alan Singer	Secretary	6300 S. Syracuse Way, Suite 300 Centennial, CO 80111