RI SOS Filing Number: 201748172710 Date: 8/3/2017 11:54:00 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 12/31/17

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2017 AUG -3 AM 11:52

1. Entity ID Number	2. Exact name of the Corporation		
000720200	**Priority Payment Systems Northeast Inc**		
3. Principal Office Address	City	State	Zip
1345 Warwick Avenue	**Warwick**	**RI**	**02888**
4. NAICS Code: **44-45 - Retail Trade**	6. Brief description of the character of business conducted in Rhode Island: **Payment Processing**		
5. State of Incorporation: **Rhode Island**			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Joseph Harrington, Jr	
Street Address: **53 Oak Ridge Road**	Street Address
City: **West Greenwich** State: **RI** Zip: **02817**	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Joseph Harrington, Jr	
Street Address: **53 Oak Ridge Road**	Street Address
City: **West Greenwich** State: **RI** Zip: **02817**	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	**Common**	**No par value**

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: **Joseph Harrington, Jr**

Date: 8/2/2017

Signature of Authorized Representative

FILED
11:54 AUG - 3 2017
BY

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

BCRA 309636

FORM 630 - Revised: 02/2017