S	State of Rhode Island and Pro Office of the Secreta		IS Fee: \$50.00	
Division Of Business Services				
148 W. River Street Providence RI 02904-2615				
HOPE	(401) 222-304			
Limited Liability Com	nany			
Annual Report				
Filing Period: September 1 - November 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing				
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2017				
1. ID No. <u>000264836</u>				
2. Exact Name of the Limited Liability Company STONELEIGH RECOVERY ASSOCIATES, LLC				
3. State of Formation				
State: IL				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.				
the list of codes <u>nere.</u> More information on <u>NAICS</u> can be found online.				
<u>561440</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
COLLECTION AGENCY				
5. Principal Office Address				
No. and Street: 810 SPRINGER DRIVE				
City or Town:LOMBARDState: ILZip: 60148Country: USA			Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact Title:				
No. and Street: <u>810 SPRINGER DRIVE</u> City or Town: <u>LOMBARD</u> State: <u>IL</u> Zip: <u>60148</u> Country: <u>USA</u>				
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Addro	ess	
	First, Middle, Last, Suffix	Address, City or Town, St	ate, Zip Code, Country	
		810 SPRII	NGER DRIVE	

KELLY STEPHENS

810 SPRINGER DRIVE

MANAGER

MAN	AGER

SUE KNEPPER

LOMBARD, IL 60148 USA

810 SPRINGER DRIVE LOMBARD, IL 60148 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 6 Day of October, 2017 at 10:58:44 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>STEVE FUERNSTAHL</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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