| s s   | State of Rhode Island and Providence Plantations Fee: \$50<br>Office of the Secretary of State   |
|---|--|
|   | Division Of Business Services  |
|   | 148 W. River Street  |
| lunat   | Providence RI 02904-2615<br>(401) 222-3040   |
| HOPE  |  |
| Limited Liability Com   | npany  |
| Annual Report Filing Period: September 1  | - November 1   |
| In accordance with RIGI   | . 7-16-66(d), each limited liability company failing or refusing   |
| to file its annual report with  | in 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   |
| <b>1. ID No.</b> <u>000763462</u>   | 2  |
| 2. Exact Name of the Li   | mited Liability Company <u>TELETRACK, LLC</u>  |
| 3. State of Formation   |  |
| State: <u>GA</u>  |  |
|   |  |
| -   | Code that best describes the primary business conducted by the entity. Downloa   |
|   | re information on <u>NAICS</u> can be found online.  |
| <u>561450</u>   | e information on <u>NAICS</u> can be found online.   |
|   | The Character of the Business Which is Actually Conducted in Rhode Island  |
| 4. Brief Description of th  | ne Character of the Business Which is Actually Conducted in Rhode Island   |
|   | ne Character of the Business Which is Actually Conducted in Rhode Island   |
| 4. Brief Description of th  | ne Character of the Business Which is Actually Conducted in Rhode Island   |
| 4. Brief Description of th<br><u>CONSUMER CREDIT</u><br>5. Principal Office Addre   | ne Character of the Business Which is Actually Conducted in Rhode Island   |
| 4. Brief Description of th <u>CONSUMER CREDIT</u> 5. Principal Office Addre     No. and Street: <u>6 CO</u>   | The Character of the Business Which is Actually Conducted in Rhode Island          REPORTING         Ress  |
| 4. Brief Description of th <u>CONSUMER CREDIT</u> 5. Principal Office Addre      No. and Street: <u>6 COI</u> City or Town: <u>ATLA</u>   | The Character of the Business Which is Actually Conducted in Rhode Island          REPORTING         Ress         NCOURSE PARKWAY  |
| 4. Brief Description of the         CONSUMER CREDIT         5. Principal Office Addree         No. and Street:       6 COI         City or Town:       ATLA         6. Mailing Address of Line  | The Character of the Business Which is Actually Conducted in Rhode Island<br>REPORTING<br>PSS<br>NCOURSE PARKWAY<br>ANTA State: GA Zip: <u>30328</u> Country: USA<br>mited Liability Company and Name or Title of Contact Person:  |
| 4. Brief Description of the<br><u>CONSUMER CREDIT</u> 5. Principal Office Addres<br>No. and Street: <u>6 COI</u><br>City or Town: <u>ATLA</u> 6. Mailing Address of Line<br>Contact Name: Contact   | The Character of the Business Which is Actually Conducted in Rhode Island<br>REPORTING<br>PSS<br>NCOURSE PARKWAY<br>ANTA State: GA Zip: <u>30328</u> Country: USA<br>mited Liability Company and Name or Title of Contact Person:  |
| 4. Brief Description of the<br><u>CONSUMER CREDIT</u> 5. Principal Office Addres<br>No. and Street: <u>6 COI</u><br>City or Town: <u>ATLA</u> 6. Mailing Address of Line<br>Contact Name: Contact   | The Character of the Business Which is Actually Conducted in Rhode Island REPORTING Pess NCOURSE PARKWAY ANTA State: GA Zip: 30328 Country: USA mited Liability Company and Name or Title of Contact Person: Title: DIFICA AVENUE, SUITE 900   |
| 4. Brief Description of the         CONSUMER CREDIT         5. Principal Office Addree         No. and Street:       6 COI         City or Town:       ATLA         6. Mailing Address of Lite         No. and Street:       40 PAC         Contact Name:       IRVINE                  | ne Character of the Business Which is Actually Conducted in Rhode Island         REPORTING         ess         NCOURSE PARKWAY         ANTA       State: GA       Zip: 30328       Country: USA         mited Liability Company and Name or Title of Contact Person:         Title:       CIFICA AVENUE, SUITE 900       State: CA       Zip: 92618       Country: USA         f Each Manager of the Limited Liability Company, if Applicable. |
| 4. Brief Description of th<br>CONSUMER CREDIT<br>5. Principal Office Addre<br>No. and Street: <u>6 COD</u><br>City or Town: <u>ATLA</u><br>6. Mailing Address of Lin<br>Contact Name: Contact<br>No. and Street: <u>40 PAC</u><br>City or Town: <u>IRVINE</u><br>7. Name and Address of | ne Character of the Business Which is Actually Conducted in Rhode Island         REPORTING         ess         NCOURSE PARKWAY         ANTA       State: GA       Zip: 30328       Country: USA         mited Liability Company and Name or Title of Contact Person:         Title:       CIFICA AVENUE, SUITE 900       State: CA       Zip: 92618       Country: USA         f Each Manager of the Limited Liability Company, if Applicable. |

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 24 Day of October, 2017 at 1:39:12 PM 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>ANGELA GRINSTEAD</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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