



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2018 Corporation**

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

RECEIVED  
 STAMP  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 MAR -1 PM 1:31  
SECRETARY OF STATE  
 USE ONLY

1. Entity ID Number <b>000720200</b>		2. Exact name of the Corporation <b>Priority Payment Systems Northeast Inc</b>			
3. Principal Office Address <b>1345 Warwick Avenue</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
4. NAICS Code <b>423990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Payment processing</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Joseph A. Harrington, Jr.</b>			Vice-President Name <b>Cheryl L. Harrington</b>		
Street Address <b>53 Oak Ridge Road</b>			Street Address <b>53 Oak Ridge Road</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
Secretary Name <b>Joseph A. Harrington, Jr.</b>			Treasurer Name <b>Cheryl L. Harrington</b>		
Street Address <b>53 Oak Ridge Road</b>			Street Address <b>53 Oak Ridge Road</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					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. <i>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.</i>					
Name of Authorized Representative <b>Joseph A. Harrington, Jr., President</b>				Date <b>2/27/2018</b>	
Signature of Authorized Representative 				<b>FILED</b> SIGN DOCUMENT HERE	

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

**FILED**  
 MAR 07 2018  
 BY 179 KM