

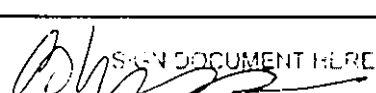


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

STAMP

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

1. Entity ID Number 66705		2. Exact name of the Corporation MUNICIPAL COLLECTION AGENCY, LTD.			
3. Principal Office Address 10 DORRANCE STREET, SUITE 620		City PROVIDENCE		State RI	Zip 02903
4. NAICS Code 541990	6. Brief description of the character of business conducted in Rhode Island COLLECTION SERVICE FOR MUNICIPALITIES FOR TAXES, FINES, FEES, ETC.				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ASHLEY E. ODESS			Vice-President Name JOSEPH L. GADREAU, III		
Street Address 10 DORRANCE STREET, SUITE 620			Street Address 10 DORRANCE STREET, SUITE 620		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name ASHLEY E. ODESS			Treasurer Name ASHLEY E. ODESS		
Street Address 10 DORRANCE STREET, SUITE 620			Street Address 10 DORRANCE STREET, SUITE 620		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ASHLEY E. ODESS			Director Name		
Street Address 10 DORANCE STREET, SUITE 620			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS-SERIES		
			PAR VALUE		
			NONE		
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 ASHLEY E. ODESS					Date 02/15/2018
Signature of Authorized Representative 					

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 02 2018

BY

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FORM 630 - Revised: 10/2017