



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIVAnnual Report for the year: 2018
Limited Liability Company

2018 SEP -4 PM 1:03

- Filing period: September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <u>000135117</u>		2. Exact name of the Limited Liability Company <u>XTREME COMPUTERS, LLC</u>	
3. NAICS Code <u>522390</u>		4. Brief description of the character of business conducted in Rhode Island <u>TO ENGAGE IN ALL ASPECTS OF FINANCIAL SERVICES</u> <u>SUCH AS CHECK CASHING (LICENSED) MONEY ORDERS</u> <u>UTILITY PAYMENTS MONEY TRANSFERS</u>	
5. State of Formation <u>R.I.</u>			
6. Principal Office Address <u>210 LONSDALE AVE</u>		City <u>PAWT</u>	State <u>RI</u>
		Zip <u>02860</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>REBECCA FRANCO</u>		Contact Title <u>V.P.</u>	
Street Address <u>P.O. BOX 344 (374)</u>		City <u>RANDOLPH</u>	State <u>MA</u>
		Zip <u>02368</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City <u>C</u>	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642			
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 Person <u>THOMAS A HANLEY ESQ</u>		Date <u>8/21/2018</u>	
Signature of Authorized Person <u>Thomas G Hanley Esq.</u>			

MAIL TO:

Division of Business Services

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FILED

SEP 04 2018

BY

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