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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE CORPORATIONS DIV

2018 SEP -5 PM 12: 39

Annual Report for the year: Limited Liability Company

→ 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 / 5448 6 2. Exact name of the Limited Liability Company COLLATERAL RECOVERY TOVESTIGATION SPECIALIST UL 3. NAICS Code 56/49/ 5. State of Formation REPO 5SESSION S 6. Principal Office Address 800 Charles St. 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Name Contact Name Contact Name Contact Title City Contact Title Contact Title City Contact Title City Contact Title Street Address City Contact Title City Contact Title City Contact Title Street Address City Contact Title City Cont	
3. NAICS Code 56/49/ 5. State of Formation RI 6. Principal Office Address 800 Charles St. 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Na	
3. NAICS Code 56/49/ 5. State of Formation RI 6. Principal Office Address 800 Charles St. 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Na	
5. State of Formation RI 6. Principal Office Address 800 Chavles St. 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name FRANK IZO Street Address 105 UNTERMAN AVE #308 City Daylor City State City Daylor City Contact Person Contact Title City Contact Title State Zip Daylor	4
6. Principal Office Address 800 Chawles St. Providence RE 0290 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name FRANK IZZO Street Address 105 UNTERMAN AVE #308 City Contact Title City Cast Providence State Zip D290 City Cast Providence State Zip D290	4
6. Principal Office Address 800 Chawles St. Providence RE 0290 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name FRANK IZZO Street Address 105 UNTERMAN AVE #308 City Contact Title City Cast Providence State Zip D290 City Cast Providence State Zip D290	4
800 Charles St. Puridule Rt 0290 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name FRANK IZO Street Address 105 WATERMAN AVE #308 City East Punding State RT Zip D291	4
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name FARN IZCO Street Address 105 UNTERMAN AVE #308 City East Pronduct State Z Zip D291	4
Contact Name FRANK IZZO Street Address 105 WATERMAN AVE #308 City East Pronduce State & Zip D291	
Street Address 105 WATERMAN AVE #308 City East Providing State CI Zip D291	
105 WATERMANTVE #308 "EAST Providure "EL D291	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS	'4'
Manager Name Manager Name	
Street Address Street Address	
City State Z p City State Zip	
Manager Name Manager Name	
Street Address Street Address	
City State Zip City State Zip	
Check the box to indicate an attach	nect
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	
Frank Lzes 9-5-20	18
Signature of Authorized Person	
A Company of the second	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222, 2040

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

SEP 0 5 2018

FORM 632 - Revised: 10/2017