S	State of Rhode Island and P Office of the Secre		0.00
	Division Of Busine	ess Services	
	148 W. River		
Hant	Providence RI 02 (401) 222-3		
OPE			
Limited Liability Com Annual Report	npany		
Filing Period: September 1	- November 1		
	. 7-16-66(d), each limited liability co in thirty (30) days after the time pre penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
<b>1. ID No.</b> <u>00166272</u>	5		
2. Exact Name of the Limited Liability Company Indirect Auto Solutions, LLC			
3. State of Formation			
State: <u>NH</u>			
	ARTICLE III	l	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download			
-	re information on <u>NAICS</u> can be four		iu
522130			
<u>522150</u>			
4. Brief Description of th	e Character of the Business Wh	ich is Actually Conducted in Rhode Island	
LOAN PROCESSING S	SERVICES TO CREDIT UNIO	<u>NS.</u>	
5. Principal Office Addre	255		
No. and Street: <u>100 B</u>	ORTHWICK AVENUE		
City or Town: PORT	<u>ISMOUTH</u>	State: <u>NH</u> Zip: <u>03801</u> Country: <u>USA</u>	
6. Mailing Address of Li	mited Liability Company and Na	me or Title of Contact Person:	
Contact Name: Contact	Title:		
	ORTHWICK AVENUE		
City or Town: <u>PORT</u>	<u>SMOUTH</u> S	State: <u>NH</u> Zip: <u>03801</u> Country: <u>USA</u>	<u>\</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
MANAGER	TIMOTHY J. COLLIA	100 BORTHWICK AVE PORTSMOUTH, NH 03801 USA	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

THOMAS W. LYONS, III STRAUSS, FACTOR, LAING & LYONS ONE DAVOL SQUARE, SUITE 305 PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 17 Day of September, 2018 at 1:42:37 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>TIMOTHY J. COLLIA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved