<b>Ct</b>	ate of Rhode Island and Pro	vidence Plantations	Fee: \$50.00
	Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River St		
Providence RI 02904-2615 (401) 222-3040			
HOPE	(401) 222-304	ŧŪ	
Limited Liability Comp	any		
Annual Report			
Filing Period: September 1 -	November 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2018			
<b>1. ID No.</b> <u>001662084</u>			
2. Exact Name of the Limited Liability Company Hillcrest, Davidson, and Associates, LLC			
3. State of Formation			
State: <u>TX</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
the list of codes <u>here.</u> More	Information on <u>NAICS</u> can be found	online.	
<u>561440</u>			
4. Brief Description of the	Character of the Business Which	is Actually Conducted in Ri	node Island
DEBT COLLECTION			
5. Principal Office Addres	S		
	LENVILLE DRIVE SUITE 450	States TV 7: 75091 (	
City or Town: <u>RICHAR</u>	DSON	State: $\underline{TX}$ Zip: $\underline{75081}$ C	ountry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact T	itle:		
	LENVILLE DRIVE SUITE 450		
City or Town: RICHARI	DSON	State: <u>TX</u> Zip: <u>75081</u> C	country: <u>USA</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
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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 October, 2018 at 6:44:05 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>KEITH BURKETT</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