



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

→ 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 090789861		2. Exact name of the Corporation VICTORY FINANCE, INC.	
3. Principal Office Address 544 SOUTH MAIN STREET		City WOONSOCKET	State RI
		Zip 02895	
4. NAICS Code 52-FINANCE AND INSURANCE	6. Brief description of the character of business conducted in Rhode Island AUTO FINANCING		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ANDREW T. ORMAN		Vice-President Name SCOTT J. HAMILTON	
Street Address 300 MAIN STREET		Street Address 524 HEMENWAY STREET	
City KEENE	State NH	City MARLBORO	State MA
Zip 03431		Zip 01752	
Secretary Name JOHN MESSIER		Treasurer Name ROBERT J. HAMILTON	
Street Address 544 SOUTH MAIN STREET		Street Address 203 KRAINEWOOD DRIVE	
City WOONSOCKET	State RI	City MOULTONBOROUGH	State NH
Zip 02895		Zip 03254	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ANDREW T. ORMAN		Director Name SCOTT J. HAMILTON	
Street Address 300 MAIN STREET		Street Address 524 HEMENWAY STREET	
City KEENE	State NH	City MARLBORO	State MS
Zip 03431		Zip 01752	
Director Name JOHN MESSIER		Director Name ROBERT J. HAMILTON	
Street Address 544 SOUTH MAIN STREET		Street Address 203 KRAINEWOOD DRIVE	
City WOONSOCKET	State RI	City MOULTONBOROUGH	State NH
Zip 02895		Zip 03254	
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	
		1,000	COMMON
			0.01
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 ROBERT J. HAMILTON			Date 01/07/2019
Signature of Authorized Representative <i>Robert J. Hamilton</i> SIGN DOCUMENT HERE			

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

JAN 10 2019

BY

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FORM 630 - Revised: 10/2017