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.

STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation		
001692493	**ATLANTIC COLLECTION AGENCY, INC.**		
3. Principal Office Address	City	State	Zip
194 BOSTON POST ROAD	**EAST LYME**	**CT**	**06333**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
561440	**COLLECTIONS OF DEBT**		
5. State of Incorporation			
CT			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
KEVIN J. BRAHM	**94 PORTLAND RD**	**MARLBOROUGH**	**CT**	**06447**

Vice-President Name	Street Address	City	State	Zip
JAMES K. BRAHM	**7 JEREMY DRIVE**	**EAST LYME**	**CT**	**06333**

Secretary Name	Street Address	City	State	Zip
NONE				

Treasurer Name	Street Address	City	State	Zip
NONE				

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
5000	**CNP**	**0**

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	Date
KEVIN J. BRAHM	**02/22/19**

Signature of Authorized Representative

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

FEB 25 2019

BY: [illegible]

FORM 630 - Revised: 10/2017