



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

5 / 11

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 001683807		2. Exact name of the Corporation Maxitransfers Corporation			
3. Principal Office Address 222 W LAS COLINAS BOULEVARD SUITE 2000 NORTH TOWER			City IRVING	State TX	Zip 75039
4. NAICS Code 523130		6. Brief description of the character of business conducted in Rhode Island MONEY TRANSMITTER			
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Luis Cerrilla			Vice-President Name		
Street Address 222 W. Las Colinas Blvd., Suite 2000 N. Tower			Street Address		
City Irving	State TX	Zip 75039	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Javier Larraza			Director Name		
Street Address 222 W. Las Colinas Blvd., Suite 2000, N. Tower			Street Address		
City Irving	State TX	Zip 75039	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
		10,000		Common	0.01
		350,000		Preferred	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 Rebecca R. Mattson				Date 03/04/2019	
Signature of Authorized Representative <i>Rebecca R. Mattson</i>				SIGN DOCUMENT HERE MAR 12 2019 KM	

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY 88791