



State of Rhode Island and Providence Plantations

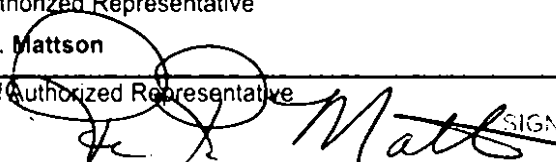

Department of State - Business Services Division

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 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  | | | | SIGN DOCUMENT HERE MAR 12 2019  | |

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

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