



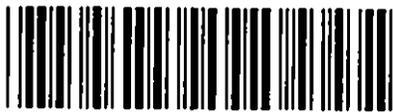
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 101931		2. Name of Corporation ADVANCE AMERICA, CASH ADVANCE CENTERS OF RHODE ISLAND, INC.			
3. Street Address Principal Business Office 135 North Church St			City Spartanburg	State SC	Zip 29306
4. Business Phone No. (864) 515-5600		5. State of Incorporation DELAWARE			6. SIC Code 6148
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PROVIDING CASH ADVANCES FOR CONSUMERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William M. Webster IV			Vice President Name Wayne W. Hall		
Street Address 135 N. Church St.			Street Address 135 N. Church St.		
City Spartanburg	State SC	Zip 29306	City Spartanburg	State SC	Zip 29306
Secretary Name Wayne W. Hall			Treasurer Name		
Street Address 135 N. Church St.			Street Address		
City Spartanburg	State SC	Zip 29306	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William M. Webster IV			Director Name George D. Johnson Jr.		
Street Address 135 N. Church St.			Street Address 961 East Main St.		
City Spartanburg	State SC	Zip 29306	City Spartanburg	State SC	Zip 29302
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 COMM NO PAR VALUE			31.42	Common	No Par.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*101931\*

**FILED**

File Date FEB 28 2005 310802

By KB

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Wayne W. Hall Date 2-25-05

Print or Type Name of Officer  
Wayne W. Hall

Title of Officer  
Vice President / Secretary



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 101931		2. Name of Corporation ADVANCE AMERICA, CASH ADVANCE CENTERS OF RHODE ISLAND, INC.			
3. Street Address Principal Business Office 135 North Church St.			City Spartanburg	State SC	Zip 29306
4. Business Phone No. (864) 515-5600		5. State of Incorporation DELAWARE		6. SIC Code 6148	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PROVIDING CASH ADVANCES FOR CONSUMERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William M. Webster II			Vice President Name Wayne W. Hall		
Street Address 135 N. Church St.			Street Address 135 N. Church St.		
City Spartanburg	State SC	Zip 29306	City Spartanburg	State SC	Zip 29306
Secretary Name Wayne W. Hall			Treasurer Name NONE		
Street Address 135 N. Church St.			Street Address		
City Spartanburg	State SC	Zip 29306	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William M. Webster II			Director Name George O. Johnson Jr.		
Street Address 135 N. Church St.			Street Address 961 East Main St.		
City Spartanburg	State SC	Zip 29306	City Spartanburg	State SC	Zip 29302
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 COMM NO PAR VALUE			31.42	Common	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 1 9 3 1 \*

File Date 3/1/04  
Check No. 254226  
By: 18  
FOR SECRETARY OF STATE USE ONLY

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.

Wayne W. Hall 1-26-04  
Signature of Officer Date  
Wayne W. Hall  
Print or Type Name of Officer  
Vice President / Secretary  
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 101931 2. Name of Corporation ADVANCE AMERICA, CASH ADVANCE CENTERS OF RHODEISLAND, INC.  
3. Street Address Principal Business Office 135 N. Church St City Spartanburg State SC Zip 29306  
4. Business Phone No. (864) 515-5600 5. State of Incorporation DELAWARE 6. SIC Code 6148

7. Brief Description of the Character of Business Conducted In Rhode Island  
not currently doing business in RI

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name William M. Webster IV Vice President Name Wayne W. Hall  
Street Address 135 N. Church St Street Address 135 N. Church St  
City Spartanburg State SC Zip 29306 City Spartanburg State SC Zip 29306  
Secretary Name Wayne W. Hall Treasurer Name NONE  
Street Address 135 N. Church St. Street Address \_\_\_\_\_  
City Spartanburg State SC Zip 29306 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name William M. Webster IV Director Name George D. Johnson Jr.  
Street Address 135 N. Church St. Street Address 961 East Main St  
City Spartanburg State SC Zip 29306 City Spartanburg State SC Zip 29302  
Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
10,000 COMM NO PAR VALUE		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
31,42	Common	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 1 9 3 1 \*

File Date: 2-28-03  
Check No.: 203348  
By: [Signature]

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.

Signature of Officer [Signature] Date 2-26-03  
Print or Type Name of Officer William M. Webster IV  
Title of Officer President/CEO/COR



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101931 2. Name of Corporation ADVANCE AMERICA, CASH ADVANCE CENTERS OF RHODEISLAND, INC.  
3. Street Address Principal Business Office 135 N. Church St. City Spartanburg State SC Zip 29306  
4. Business Phone No. 864-515-5600 5. State of Incorporation DELAWARE 6. SIC Code 6148

7. Brief Description of the Character of Business Conducted in Rhode Island

Not currently doing business in RI

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>William M. Webster IV</u> Street Address <u>135 N. Church St.</u> City <u>Spartanburg</u> State <u>SC</u> Zip <u>29306</u>	Vice President Name <u>Wayne W. Hall</u> Street Address <u>135 N. Church St.</u> City <u>Spartanburg</u> State <u>SC</u> Zip <u>29306</u>
Secretary Name <u>Wayne W. Hall</u> Street Address <u>135 N. Church St.</u> City <u>Spartanburg</u> State <u>SC</u> Zip <u>29306</u>	Treasurer Name <u>NONE</u> Street Address <u>NONE</u> City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>George D. Johnson Jr.</u> Street Address <u>135 N. Church St.</u> City <u>Spartanburg</u> State <u>SC</u> Zip <u>29306</u>	Director Name <u>William M. Webster IV</u> Street Address <u>135 N. Church St.</u> City <u>Spartanburg</u> State <u>SC</u> Zip <u>29306</u>
Director Name <u>NONE</u> Street Address <u>NONE</u> City _____ State _____ Zip _____	Director Name <u>NONE</u> Street Address <u>NONE</u> City _____ State _____ Zip _____

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<u>10,000 COMM NO PAR VALUE</u>		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
<u>31.42</u>	<u>COMMON</u>	<u>NO PAR</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 1 9 3 1 \*

File Date: 2-28-02  
Check No.: 158648  
By: [Signature]

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.

[Signature] 2-26-2002  
Signature of Officer Date  
Wayne W. Hall  
Print or Type Name of Officer  
Vice President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **101931** 2. Name of Corporation **ADVANCE AMERICA, CASH ADVANCE CENTERS OF RHODEISLAND, INC.**

3. Street Address Principal Business Office **961 EAST MAIN Street** City **Spartanburg** State **SC** Zip **29302**

4. Business Phone No. **864-515-5600** 5. State of Incorporation **DELAWARE**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Not currently doing business**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **WILLIAM M Webster III**  
Street Address **961 EAST MAIN ST**  
City **Spartanburg** State **SC** Zip **29302**

Vice President Name **WAYNE W Hall**  
Street Address **961 EAST MAIN ST.**  
City **Spartanburg** State **SC** Zip **29302**

Secretary Name **WAYNE W Hall**  
Street Address **961 EAST MAIN ST.**  
City **Spartanburg** State **SC** Zip **29302**

Treasurer Name **NONE**  
Street Address  
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **George D Johnson JR**  
Street Address **961 EAST MAIN ST**  
City **Spartanburg** State **SC** Zip **29302**  
Director Name **NONE**  
Street Address  
City State Zip

Director Name **William M Webster III**  
Street Address **961 EAST MAIN ST.**  
City **Spartanburg** State **SC** Zip **29302**  
Director Name **NONE**  
Street Address  
City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**10,000 COMM NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
ISSUED SHARES  
Number of Shares Class/Series Par Value  
**31.42 Common NO PAR**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 1 9 3 1 \*

File Date: 2/26  
Check No.: 108642  
By: [Signature]

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.  
Signature of Officer: [Signature] Date: 2/23/01  
Print or Type Name of Officer: WAYNE W Hall  
Title of Officer: VICE President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **101931** 2. Name of Corporation **ADVANCE AMERICA, CASH ADVANCE CENTERS OF RHODEISLAND, INC.**  
3. Street Address Principal Business Office **961 East Main Street** City **Spartanburg** State **SC** Zip **29302**  
4. Business Phone No. **864/ 515-5600** 5. State of Incorporation **DELAWARE** 6. SIC Code **6148**  
7. Brief Description of the Character of Business Conducted in Rhode Island

Currently not conducting business in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>William M. Webster, IV</b>	Vice President Name <b>Wayne W. Hall</b>
Street Address <b>184 Mills Avenue</b>	Street Address <b>112 Sheldon Drive</b>
City State Zip <b>Spartanburg SC 29302</b>	City State Zip <b>Moore SC 29304</b>
Secretary Name <b>Monica L. Allie (Asst. Secretary)</b>	Treasurer Name
Street Address <b>257 Club Meadows Ct.</b>	Street Address
City State Zip <b>Spartanburg SC 29302</b>	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>William M. Webster, IV</b>	Director Name <b>George D. Johnson, Jr.</b>
Street Address <b>184 Mills Avenue</b>	Street Address <b>1022 Glendalyn Circle</b>
City State Zip <b>Spartanburg SC 29302</b>	City State Zip <b>Spartanburg SC 29302</b>
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**10,000 COMM NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
ISSUED SHARES  
Number of Shares Class/Series Par Value  
**31.42 COMM No Par**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/28/00  
Check No.: 063467  
By: RD  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature of Officer: Monica L. Allie Date: 2/14/00  
Print or Type Name of Officer: Monica L. Allie  
Title of Officer: Asst. Secretary



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>101931</b>		2. Name of Corporation <b>ADVANCE AMERICA, CASH ADVANCE CENTERS OF RHODEISLAND, INC.</b>		
3. Street Address, Principal Business Office <b>961 E. Main Street</b>		City <b>Spartanburg</b>	State <b>SC</b>	Zip <b>29302</b>
4. Business Phone No. <b>864/515-5661</b>		5. State of Incorporation <b>DELAWARE</b>		
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Currently no business conducted in Rhode Island</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>William M. Webster, IV</b>		Assistant Secretary <b>XXXXXXXXXX Monica L. Allie</b>		
Street Address <b>961 East Main Street</b>		Street Address <b>961 East Main Street</b>		
City <b>Spartanburg</b>	State <b>SC</b>	Zip <b>29302</b>	City <b>Spartanburg</b>	State <b>SC</b>
Secretary Name <b>Wayne W. Hall</b>		Treasurer Name		
Street Address <b>961 East Main Street</b>		Street Address		
City <b>Spartanburg</b>	State <b>SC</b>	Zip <b>29302</b>	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>George D. Johnson, Jr.</b>		Director Name <b>William M. Webster, IV</b>		
Street Address <b>450 East Las Olas Boulevard, Ste. 1100</b>		Street Address <b>961 East Main Street</b>		
City <b>Ft. Lauderdale</b>	State <b>FL</b>	Zip <b>33301</b>	City <b>Spartanburg</b>	State <b>SC</b>
Director Name <b>Steve A. McKenzie</b>		Director Name		
Street Address <b>650 25th Street, 5th Floor</b>		Street Address		
City <b>Cleveland</b>	State <b>TN</b>	Zip <b>37364</b>	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>10,000 COMM NO PAR VALUE</b>			<b>25</b>	<b>Common</b>
				<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 1 9 3 1 \*

File Date: Jan 29, 99

Check No.: 4234

By: JD

FOR SECRETARY OF STATE USE ONLY

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.

Monica L. Allie 1/29/99  
Signature of Officer Date

Monica L. Allie  
Print or Type Name of Officer

Asst. Secretary  
Title of Officer