



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019** — *Amended*
Corporation Amended

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED
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1. Entity ID Number 000804754		2. Exact name of the Corporation Merchants Association Collection Division Inc.			
3. Principal Office Address 134 South Tampa Street			City Tampa	State FL	Zip 33602
4. NAICS Code 561440	6. Brief description of the character of business conducted in Rhode Island Debt collection.				
5. State of Incorporation FL					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher A. Wydo			Vice-President Name Albertas K. Giparas		
Street Address 134 South Tampa Street			Street Address 134 South Tampa Street		
City Tampa	State FL	Zip 33602	City Tampa	State FL	Zip 33602
Secretary Name Albertas K. Giparas			Treasurer Name Albertas K. Giparas		
Street Address 134 South Tampa Street			Street Address 134 South Tampa Street		
City Tampa	State FL	Zip 33602	City Tampa	State FL	Zip 33602
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Deborah MacArthur Anderson			Director Name William Douglas		
Street Address 134 South Tampa Street			Street Address 134 South Tampa Street		
City Tampa	State FL	Zip 33602	City Tampa	State FL	Zip 33602
Director Name Michael James Kilgore			Director Name		
Street Address 134 South Tampa Street			Street Address		
City Tampa	State FL	Zip 33602	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
		5		Common	100.00
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. <i>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.</i>					
Name of Authorized Representative Albertas K. Giparas				Date 7/23/19	
Signature of Authorized Representative <i>Albertas K. Giparas</i>				SIGN DOCUMENT HERE FILED	

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

JUL 29 2019

11:56

BY *[Signature]*



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

July 29, 2019 11:56 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

