



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.

2019 JUL 29  
RECEIVED  
STATE OF RHODE ISLAND  
DEPARTMENT OF STATE

1. Entity ID Number <b>000804754</b>		2. Exact name of the Corporation <b>Merchants Association Collection Division Inc.</b>			
3. Principal Office Address <b>134 South Tampa Street</b>			City <b>Tampa</b>	State <b>FL</b>	Zip <b>33602</b>
4. NAICS Code <b>561440</b>	6. Brief description of the character of business conducted in Rhode Island <b>Debt collection.</b>				
5. State of Incorporation <b>FL</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Christopher A. Wydo</b>			Vice-President Name <b>Albertas K. Giparas</b>		
Street Address <b>134 South Tampa Street</b>			Street Address <b>134 South Tampa Street</b>		
City <b>Tampa</b>	State <b>FL</b>	Zip <b>33602</b>	City <b>Tampa</b>	State <b>FL</b>	Zip <b>33602</b>
Secretary Name <b>Albertas K. Giparas</b>			Treasurer Name <b>Albertas K. Giparas</b>		
Street Address <b>134 South Tampa Street</b>			Street Address <b>134 South Tampa Street</b>		
City <b>Tampa</b>	State <b>FL</b>	Zip <b>33602</b>	City <b>Tampa</b>	State <b>FL</b>	Zip <b>33602</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Deborah MacArthur Anderson</b>			Director Name <b>William Douglas</b>		
Street Address <b>134 South Tampa Street</b>			Street Address <b>134 South Tampa Street</b>		
City <b>Tampa</b>	State <b>FL</b>	Zip <b>33602</b>	City <b>Tampa</b>	State <b>FL</b>	Zip <b>33602</b>
Director Name <b>Michael James Kilgore</b>			Director Name		
Street Address <b>134 South Tampa Street</b>			Street Address		
City <b>Tampa</b>	State <b>FL</b>	Zip <b>33602</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This Information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>5</b>		<b>Common</b>	<b>100.00</b>
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 <b>Albertas K. Giparas</b>				Date <b>7/23/19</b>	
Signature of Authorized Representative <i>Albertas K. Giparas</i>				SIGN DOCUMENT HERE <b>FILED</b>	

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

BY *[Signature]*

FORM 630 - Revised: 10/2017