|  | State of Rhode Island and Prov<br>Office of the Secretary |                                      | Fee: \$50.00        |
|--|---|--------------------------------------|---------------------|
|  | Division Of Business S                                    |                                      |                     |
|  | 148 W. River Stro   |                                      |                     |
|  | Providence RI 02904<br>(401) 222-3040                     |                                      |                     |
| HOPE   | (+01) 222 30+0  | ,                                    |                     |
| Limited Liability Compa<br>Annual Report<br>Filing Period: September 1 - No  |   |                                      |                     |
|  | 16-66(d), each limited liability company fa               |                                      |                     |
| annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.   |   |                                      |                     |
| ANNUAL REPORT YEAR: 2019   |   |                                      |                     |
| 1. ID No. <u>000693352</u>   |   |                                      |                     |
| 2. Exact Name of the Limited Liability Company <u>Velocity Servicing Limited Liability Company</u>   |   |                                      |                     |
| 3. State of Formation  |   |                                      |                     |
| State: NJ  |   |                                      |                     |
| ARTICLE III  |   |                                      |                     |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. |   |                                      |                     |
| <u>561440</u>  |   |                                      |                     |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island  |   |                                      |                     |
| DEBT COLLECTION  |   |                                      |                     |
| 5. Principal Office Address  |   |                                      |                     |
| No. and Street: 1800 ROUTE 34 NORTH, BUILDING #3, SUITE 305  |   |                                      |                     |
| City or Town: WALL   |   | State: <u>NJ</u> Zip: <u>07719</u>   | Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   |   |                                      |                     |
| Contact Name: Contact Title:   |   |                                      |                     |
| No. and Street: 1800 ROUTE 34 NORTH, BUILDING #3, SUITE 305  |   |                                      |                     |
| City or Town: WALL   |   | State: NJ Zip: 077190                | Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS  |   |                                      |                     |
| Title  | Individual Name   | Address                              |                     |
|  | First, Middle, Last, Suffix                               | Address, City or Town, State, Zip Co | ode, Country        |
|  |   |                                      |                     |
| 8. RESIDENT AGENT IN RHC   | DDE ISLAND - DO NOT ALTER                                 |                                      |                     |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 6 Day of August, 2019 at 10:01:37 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By JAMES MASTRIANI Signature of Authorized Person

Form No. 632 Revised 09/07

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