

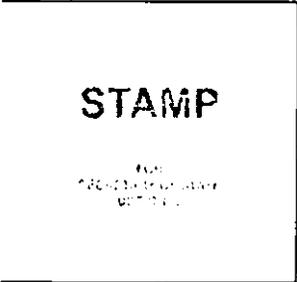


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2019**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

**FILED**  
 AUG 13 2019  
 5368



1. Entity ID Number <b>000883748</b>		2. Exact name of the Limited Liability Company <b>Vance and Huffman, LLC</b>			
3. NAICS Code <b>561440</b>		4. Brief description of the character of business conducted in Rhode Island <b>Debt Collector</b>			
5. State of Formation <b>Virginia</b>					
6. Principal Office Address <b>55 Monette Pkwy</b>		City <b>Smithfield</b>	State <b>VA</b>	Zip <b>23430</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Summer Cowan</b>			Contact Title <b>Licensing Specialist</b>		
Street Address <b>55 Monette Pkwy</b>		City <b>Smithfield</b>	State <b>VA</b>	Zip <b>23430</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager N <b>5</b>		Manager Name <b>--</b>			
Street Address <b>---</b>		Street Address <b>---</b>			
City <b>---</b>		State <b>---</b>	Zip <b>---</b>	City <b>---</b>	
State <b>---</b>		Zip <b>---</b>	City <b>---</b>	State <b>---</b>	Zip <b>---</b>
Manager Name <b>---</b>		Manager Name <b>---</b>			
Street Address <b>---</b>		Street Address <b>---</b>			
City <b>---</b>		State <b>---</b>	Zip <b>---</b>	City <b>---</b>	
State <b>---</b>		Zip <b>---</b>	City <b>---</b>	State <b>---</b>	Zip <b>---</b>
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>Anthony Stile</b>				Date <b>08/07/2019</b>	
Signature of Authorized Person <i>Anthony Stile</i>				SIGN DOCUMENT HERE <b>8/7/19</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