



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its 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. 001686538

2. Exact Name of the Limited Liability Company PayLink Payment Plans, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

522220

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ACQUIRES AND SERVICES PAYMENT PLAN AGREEMENTS RELATED TO THE
PURCHASE OF MOTOR
VEHICLE SERVICE AGREEMENTS BY RESIDENTS OF RHODE ISLAND. RECEIVES AND
COLLECTS
PAYMENTS MADE UNDER THE PAYMENT PLAN AGREEMENTS.

5. Principal Office Address

No. and Street: 222 SOUTH RIVERSIDE PLAZA
SUITE 950

City or Town: CHICAGO

State: IL Zip: 60606 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ELLYN ROBINSON Contact Title: LEGAL AND COMPLIANCE COUNSEL

No. and Street: 222 SOUTH RIVERSIDE PLAZA
SUITE 950

City or Town: CHICAGO

State: IL Zip: 60606 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	REBECCA HOWARD	222 SOUTH RIVERSIDE PLAZA, SUITE 950 CHICAGO, IL 60606 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 16 Day of September, 2019 at 2:40:55 PM 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 KEVIN HOVIS
Signature of Authorized Person

Form No. 632
Revised 09/07

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