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BUSINESS SVCS DIV



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

2019 OCT 1 A 11:34

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.

1. Entity ID Number 000691199		2. Exact name of the Limited Liability Company ECCO CASH SERVICES LLC	
3. NAICS Code 522390		4. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN FINANCIAL SERVICES / INCLUDING LICENSED CHECK CASHING, MONEY TRANSFERS, UTILITY PAYMENTS AND OTHER RELATED SERVICES	
5. State of Formation R.I.			
6. Principal Office Address 810 RESERVOIR AVE		City CRANSTON	State RA
		Zip 02910	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name REBECCA FRANCO		Contact Title VICE PRES.	
Street Address P.O. BOX 374		City RANDOLPH	State MA
		Zip 02368	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name TERESA MUNOZ		Manager Name	
Street Address 3 FARRINGTON LANE		Street Address	
City CANTON	State MA	City	State
	Zip 02021		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
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.			
<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 Person THOMAS A HANLEY ESQ		Date 10/1/19	
Signature of Authorized Person <i>Thomas A. Hanley Esq.</i>			

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

FILED
OCT 01 2019
BY *OPG/HTS*