	S	itate of Rhode Island an Office of the Se				IS F	'ee: \$50.00	
		Division Of B	usiness	Services	5			
		148 W. R						
		Providence F (401) 2						
HOPE		(401) 2	22-30	40				
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. 001336211								
2. Exact Name of the Limited Liability Company University Accounting Service, LLC								
3. State of Formation								
State: <u>WI</u>								
ARTICLE III								
Enter the eiv digit		Code that best describes the p	rimory	husinggo	aanducted by t	ha antitu Da	walaad	
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.								
<u>541219</u>								
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island								
COLLECTIONS OF DELINQUENT ACCOUNTS RECEIVABLES								
5. Principal Office Address								
No. and Street:	250 N	J SUNNV SI ADE DA						
no. and Street.	-	<u>N. SUNNY SLOPE RD.</u> E 110						
City or Town:	-	OKFIELD	Sta	ate: <u>WI</u>	Zip: <u>53005</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:	-	I. SUNNY SLOPE RD.						
City or Town	SUITI BRO	<u>= 110</u> DKFIELD	Q+~	ate: WI	Zip: 53005	Country:		
City or Town:				ate. <u>VVI</u>	zip. <u>55005</u>	Country.		
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS								
Title		Individual Name			Addre	ess		

Title	Individual Name	Address			
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country			
MANAGER	JOEL PETERSEN	150 N FIELD DRIVE, SUITE 200			

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 4 Day of October, 2019 at 1:02:57 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 KELLY LETTMANN

Signature of Authorized Person

Form No. 632 Revised 09/07

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