s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00	
	Division Of Business 148 W. River S	treet		
HOPE	Providence RI 029 (401) 222-30			
Limited Liability Com Annual Report Filing Period: September 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. <u>000869899</u>				
2. Exact Name of the Limited Liability Company <u>HOVG, LLC</u>				
3. State of Formation				
State: <u>NV</u>				
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 VIA INTERSTATE MEANS, TELEPHONE AND US MAIL				
5. Principal Office Addre	SS			
No. and Street: 4145 SHACKLEFORD ROAD				
	E 330B CROSS S	tate: <u>GA</u> Zip: <u>30093</u> Cour	ntry: <u>USA</u>	
6. Mailing Address of Li	mited Liability Company and Nam	e or Title of Contact Person:		
Contact Name: Contact Title:				
No. and Street:2701 EAST GRAUWYLER ROADCity or Town:IRVINGState:TXZip:75061Country:USA				
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Address		
MANAGER	First, Middle, Last, Suffix DFG2, LLC	Address, City or Town, State, Zip Co		
WANAGEN		2701 EAST GRAUWYLEF IRVING, TX 75061 USA		

IRVING, TX 75061 USA

MANAGER

VIKRAM NEGI

8. RESIDENT AGENT IN RHODE 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 16 Day of October, 2019 at 9:56:10 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 KAREN A. EMERICK

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\ensuremath{\mathbb{C}}$ 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved