



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|--------------------|--|---|---------------------|---------------------|
| 1. ID No. 124163 | | 2. Exact name of the limited liability company DEBT RECOVERY SOLUTIONS, LLC | | | |
| 3. State of Formation NEW YORK | | 4. Brief description of the character of the business which is actually conducted in Rhode Island DEBT COLLECTION CALLS AND LETTERS ARE DIRECTED TO RHODE ISLAND RESIDENTS | | | |
| 5. Principal office address 900 Merchants Concourse, Suite 106 | | City Westbury | State Ny | Zip 11590 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Donald Schwartz | | | Contact Title Managing member | | |
| Street Address 900 Merchants Concourse, Suite 106 | | City Westbury | State Ny | Zip 11590 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 | | | | | |
| Manager Name Donald Schwartz | | | Manager Name Elliot Schwartz | | |
| Street Address 50 Bonaire Dr. | | Street Address 7 Leroy Court | | | |
| City Dix Hills | State Ny | Zip 11746 | City Commack | State Ny | Zip 11725 |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name LEXIS DOCUMENT SERVICES, INC. | | | Address | | |
| Address 222 JEFFERSON BOULEVARD, SUITE 200 | | | City WARWICK | Zip 02888 | |

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



| | |
|---------------------------------|-----------------------|
| File Date | FILED *124163* |
| Check No. | SEP 15 2005 |
| By: | By [Signature] |
| FOR SECRETARY OF STATE USE ONLY | |

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.

[Signature]
Signature of Authorized Person Date
Donald Schwartz
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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| 1. ID No. 124163 | | 2. Exact name of the limited liability company DEBT RECOVERY SOLUTIONS, LLC | | | |
| 3. State of Formation NEW YORK | | 4. Brief description of the character of the business which is actually conducted in Rhode Island DEBT COLLECTION CALLS AND LETTERS ARE DIRECTED TO PROVIDENCE AND RESIDENTS | | | |
| 5. Principal office address 900 Merchants Concourse, Suite 106 | | City Westbury | State NY | Zip 11590 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Donald Schwartz | | | Contact Title Managing Member | | |
| Street Address 900 Merchants Concourse, Suite 106 | | City Westbury | State NY | Zip 11590 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 | | | | | |
| Manager Name Donald Schwartz | | | Manager Name Elliot Schwartz | | |
| Street Address 50 Bonaire Drive | | | Street Address 7 Leroy Court | | |
| City Dix Hills | State NY | Zip 11746 | City Commack | State NY | Zip 11725 |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name LEXIS DOCUMENT SERVICES, INC. | | | Address | | |
| Address 222 JEFFERSON BOULEVARD, SUITE 200 | | | City WARWICK | Zip 02888 | |

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 4 1 6 3 *

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.

Signature of Authorized Person 9/28/04
Date

Donald Schwartz, Managing Member
Print or Type Name of Authorized Person

File Date 10/7/04
Check No. 12645
By: us.

FOR SECRETARY OF STATE USE ONLY



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|--------------------|---|---------------------------------|---------------------|---------------------|
| 1 ID No 124163 | | 2 Exact name of the limited liability company DEBT RECOVERY SOLUTIONS, LLC | | | |
| 3 State of Formation NEW YORK | | 4 Brief description of the character of the business which is actually conducted in Rhode Island Debt collection calls and letters are directed to Rhode Island residents | | | |
| 5 Principal office address 900 Merchants Concourse, Suite 106 | | City Westbury | State NY | Zip 11590 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Donald Schwartz | | | Contact Title Manager | | |
| Street Address same as above | | City | State | Zip | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 | | | | | |
| Manager Name Donald Schwartz | | Manager Name Elliot Schwartz | | | |
| Street Address 50 Bonaire Dr | | Street Address 7 Leray Ct. | | | |
| City Dix Hills | State NY | Zip 11746 | City Commack | State NY | Zip 11725 |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name LEXIS DOCUMENT SERVICES INC. | | | Address | | |
| Address 107 DANIELSON PIKE | | City SCITUATE | Zip 02857 | | |

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 4 1 6 3 *

File Date 9-25-03
Check No 11687
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 9/23/03
Signature of Authorized Person Date
Donald Schwartz 9/23/03
Print or Type Name of Authorized Person