

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 2. Exact name of the limited liability company 130169 A.R.C. ACCOUNTS RECOVERY (U.S.A.) CORPORATION LLC' 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island COLLECTION AGENCY DELAWARE 5. Principal office address State City 4240 GLANFORD AVENUE VICTORIA BC Canada V8Z 4B8 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Michelle MacDonald Street Address City State Zip 4240 GLANFORD AVENUE . VICTORIA BC Canada V8Z 4B8 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.L.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Joe Polard Street Address · Sircei Address 2522 Crystalview Crescent City State Zip ·City State Zip Victoria BC, Canada V9B 6M8 Manager Name Manager Nume Street Address ·Street Address

City

Address

SCITUATE

City

107 DANIELSON PIKE

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

Zip

8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11



State

130169 FL	LC 09/23/06 01:38:32 PM
File Date	9/30/05
Check No	6456
B <u>v</u> :	C/
FOR SECRETA	ARY OF STATE USE ONLY

City

Address

LAURA MCGUIRE

MCGUIRE RESEARCH

		d affirm that I have examined
		ing schedules and statements,
and that	all statements contained here	in are true and correct.
_<	1 (Iland	Sept. 23, 2005
Signatury	of Authorized Person	Date

State

Zip

02857-

Zip

JOE POLARD	
Print or Type Name of Authorized F	erson



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 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

	PED OR PRINTED IN BLA							
130169	2 Exact name of the limit A.R.C. ACCOUNTS	toct name of the limited liability company C.C. ACCOUNTS RECOVERY (U.S.A.) CORPORATION LLC'						
State of Formation			business which is actually conduc					
DELAWARE	Collection							
Principal office add			City	State	Zip			
1240 Glanfor			Victoria	BC	V8Z 4B8			
MARLING ADE	dress-of-limited.	Paulty Conex	Contact Title	EXPENSIACE PAR	oe water			
Joe Polard			.General Manag	Conuci Title				
Street Address		City	State	Zip				
4240 Glanford Avenue		Victoria	ВС	V8Z 4B8				
NAMEAND ALL AND ALL AN	A STATE OF THE STA		• Manager Name	CALL AND ALL HARRISON ()				
oseph Polard	3		•					
reet Address	·		· Street Address					
240 Glanford	i Avenue		•					
in	State	Zip	*City	State	Zip			
ictoria fanoger Name	BC	V8Z 4B8	Manager Name		J			
			<u> </u>					
Street Address		Street Address						
v.	State	Zip	City	State	Zip			
ent Name AURA MCGUIF	RE		Address 107 DANIELSON	PIKE				
ktress			City	Zij	 .			
CGUIRE RESEA	ARCH		SCITUATE	0	2857			
his report must b	e signed in ink by an	authorized person p		perjury, I declare and affir	m that I have examined			
130169 FLLC 0 File Date	9/23/04 07:06:42 PM 29/04 263 DA	- -	this report, include and that all staten Signature of Author	ling any accompanying schemes contained herein are	nedules and statements,			