



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**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:** 2020

**1. ID No.** 000912394

**2. Exact Name of the Limited Liability Company** SOUTH BAY FINANCIAL SERVICES, LLC

**3. State of Formation**

State: DE

**ARTICLE III**

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.

522291

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

CONSUMER FINANCE

**5. Principal Office Address**

No. and Street: 10151 DEERWOOD PARK BOULEVARD  
BUILDING 100-330

City or Town: JACKSONVILLE

State: FL Zip: 32256 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 10151 DEERWOOD PARK BOULEVARD  
BUILDING 100 STE 330

City or Town: JACKSONVILLE

State: FL Zip: 32256 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	RICHARD KAHLBAUGH	10151 DEERWOOD PARK BLVD BLDG 100 STE 330

		JACKSONVILLE, FL 32256 USA
MANAGER	CHRISTOPHER ROMAINÉ	10151 DEERWOOD PARK BLVD BLDG 100 STE 330 JACKSONVILLE, FL 32256 USA
MANAGER	MICHAEL GRASHER	10151 DEERWOOD PARK BLVD BLDG 100 STE 330 JACKSONVILLE, FL 32256 USA
MANAGER	MICHAEL VRBAN	10151 DEERWOOD PARK BLVD BLDG 100 STE 330 JACKSONVILLE, FL 32256 USA

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

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI  
02903

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

**Signed this 23 Day of September, 2020 at 11:11:32 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 MARIA SCRIVNER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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