



**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. 000145322

2. Exact Name of the Limited Liability Company SIRVA RELOCATION CREDIT, 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.

812990

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

RELOCATION SERVICES

5. Principal Office Address

No. and Street: 17 W 110 22ND STREET, SUITE 400

City or Town: OAKBROOK TERRACE

State: IL Zip: 60181 Country: USA

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

Contact Name: Contact Title:

No. and Street: 101 E. WASHINGTON BLVD., SUITE 400

City or Town: FORT WAYNE

State: IN Zip: 46802 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JEFFREY H MARGOLIS	6200 OAK TREE BLVD., SUITE 300 INDEPENDENCE, OH 44131 USA
MANAGER	STEPHEN M CASSELL	211 N. BROADWAY, SUITE 2130

MANAGER

FRANK BILOTTA

ST. LOUIS, MO 63102 USA

114 W 4TH ST., SUITE 1715
NEW YORK, NY 10036 USA

**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 23 Day of September, 2020 at 5:33:38 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 KATRINA L LEA
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2020 State of Rhode Island
All Rights Reserved