	State of Rhode Is Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River Str	reet	
HOPE	Providence RI 02904 (401) 222-304		
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. <u>000890337</u>			
2. Exact Name of the Limited Liability Company <u>WILLIAMS, RUSH & ASSOCIATES LLC</u>			
3. State of Formation			
State: <u>TX</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 AGENCY			
5. Principal Office Address			
No. and Street: 4144 N. CENTRAL EXPRESSWAY, SUITE 945			
City or Town: <u>DALLAS</u>		State: <u>TX</u> Zip: <u>75204</u> C	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: DORA WILLIAMS Contact Title: ADMIN ASST No. and Street: 4144 N CENTRAL EXPRESSWAY STE 945 City or Town: DALLAS State: TX zip: 75204-2112			
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 Co	ode, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NORTHWEST REGISTERED AGENT, LLC 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

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

Signed this 9 Day of October, 2020 at 12:59:14 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 <u>DORA WILLIAMS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved