	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>000159367</u>			
2. Exact Name of the Lim	ited Liability Company <u>DARGA</u>	N FINANCE, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	ode that best describes the primary information on <u>NAICS</u> can be found		the entity. Download
<u>522291</u>			
4. Brief Description of the		is Actually Conducte	
•	Character of the Business Which		d in Rhode Island
	ADVANCE SERVICE. CHECI	-	
	I ADVANCE SERVICE. CHECI	-	
SMALL DOLLAR CASH 5. Principal Office Address No. and Street: 15 RC	I ADVANCE SERVICE. CHECI	<u>CASHING SERVIC</u>	
SMALL DOLLAR CASH 5. Principal Office Address No. and Street: 15 RC City or Town: CHES	I ADVANCE SERVICE. CHECI s DSEWOOD DRIVE	<u>K CASHING SERVIC</u> : <u>NJ</u> Zip: <u>08515</u>	<u>CES.</u> Country: <u>USA</u>
SMALL DOLLAR CASE 5. Principal Office Address No. and Street: 15 RC City or Town: CHES 6. Mailing Address of Lime Contact Name: Contact T No. and Street: 15 RO	I ADVANCE SERVICE. CHECI s DSEWOOD DRIVE TERFIELD State ited Liability Company and Name itle: SEWOOD DRIVE	<u>CASHING SERVIO</u> : <u>NJ</u> Zip: <u>08515</u> or Title of Contact Po	Country: <u>USA</u>
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SMALL DOLLAR CASH 5. Principal Office Address No. and Street: 15 RO City or Town: CHES 6. Mailing Address of Lime Contact Name: Contact T No. and Street: 15 RO City or Town: 15 RO Contact Name: Contact T No. and Street: 15 RO City or Town: 15 RO City or Town: CHES	ADVANCE SERVICE. CHECI s DSEWOOD DRIVE DTERFIELD State ited Liability Company and Name itle: SEWOOD DRIVE TERFIELD State Each Manager of the Limited Liab	<u>X CASHING SERVIO</u> : <u>NJ</u> Zip: <u>08515</u> or Title of Contact Po : <u>NJ</u> Zip: <u>08515</u> ility Company, if App Adda	Country: <u>USA</u> erson: Country: <u>USA</u> licable.
SMALL DOLLAR CASE 5. Principal Office Address No. and Street: 15 RO City or Town: CHES 6. Mailing Address of Lime Contact Name: Contact T No. and Street: 15 RO City or Town: CONTACT T No. and Street: 15 RO City or Town: CONTACT T No. and Street: 15 RO City or Town: CHES 7. Name and Address of E DO NOT LIST MEMBERS	ADVANCE SERVICE. CHECI S DSEWOOD DRIVE DTERFIELD State ited Liability Company and Name itle: SEWOOD DRIVE TERFIELD State Each Manager of the Limited Liab S	<u>X CASHING SERVIO</u> : <u>NJ</u> Zip: <u>08515</u> • or Title of Contact Po : <u>NJ</u> Zip: <u>08515</u> illity Company, if App Address, City or Town, S	Country: <u>USA</u> erson: Country: <u>USA</u> licable.

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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

Signed this 15 Day of October, 2020 at 5:55:25 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>BRIAN DARGAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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