	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000797907</u>	7		
2. Exact Name of the Li	mited Liability Company <u>ALLIED</u>	INTERSTATE LLC	
3. State of Formation			
State: <u>MN</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	ty. Download
<u>561440</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rh	ode Island
DEBT COLLECTIONS			
5. Principal Office Addre	SS		
No. and Street:12755 S'City or Town:PLYMO	<u>FATE HIGHWAY 55, SUITE 300</u> <u>UTH</u>	State: <u>MN</u> Zip: <u>55441</u> C	Country: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact Person:	
No. and Street: 200 CEI	NIE SCHUITT Contact Title: <u>PRESI</u> NTRAL AVENUE, 5TH FLOOR ERSBURG	DENT State: FL Zip: 33701 Co	ountry: USA
	Each Manager of the Limited Liab		
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip (	Code, Country
MANAGER	STEPHANIE SCHUITT	200 CENTRAL AVE, 7T ST. PETERSBURG, FL 337(	
MANAGER	JEFFREY SWEDBERG	200 CENTRAL AVE, 7T	H FLOOR

ST. PETERSBURG, FL 33701 USA

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 27 Day of October, 2020 at 4:10:42 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 STEPHANIE SCHUITT

Signature of Authorized Person

Form No. 632 Revised 09/07

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