

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2020 OCT 26 P 1:03



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

AMENDED

1. Entity ID Number 000542912		2. Exact name of the Corporation American Express Prepaid Card Management Corporation			
3. Principal Office Address 18850 North 56th Street			City Phoenix,	State AZ	Zip 85054
4. NAICS Code 541111		6. Brief description of the character of business conducted in Rhode Island The primary activity is to issue and manage US prepaid cards, and to transact any other business allowed by law.			
5. State of Incorporation AZ					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name SEE ATTACHED			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name SEE ATTACHED			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input checked="" type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	CWP	.0100
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Douglas C. Turnbull, Secretary				Date 10/26/2020	
Signature of Authorized Representative <i>Douglas C. Turnbull</i>					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 26 2020
BY A.A. 1:03 P.M. FORM 630 - Revised: 08/2020

**American Express Prepaid Card Management Corporation
Officers/Directors**

Address for all is: 18850 North 56th Street Phoenix, AZ 85054

Officers:

President/CEO: William B. Stredwick
Vice-President/Chief Operating Officer: Melissa Basu
Treasurer/CFO: Sherwood Willard JR
Secretary Douglas C. Turnbull
Chief Compliance Officer/ Anti-Money Laundering Officer: Virginia Okay Hirschey

Directors:

Melissa Basu
Sherwood Willard JR
William B. Stredwick



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 26, 2020 01:03 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

