



State of Rhode Island

## Department of State - Business Services Division

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2020 OCT 26 P 1:03

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 541611		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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input checked="" type="checkbox"/> <table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>1,000</td><td>CWP</td><td>.0100</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	CWP	.0100			
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. <b>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.</b>														
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

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