	State of Rhode	lolond	τ. φ.σ.ο.ο.	
	Office of the Secreta		Fee: \$50.00	
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
HOPE	(401) 222-30	40		
Limited Liability Com Annual Report Filing Period: September 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>001654224</u>				
2. Exact Name of the Limited Liability Company <u>BRIDGECREST CREDIT COMPANY, LLC</u>				
3. State of Formation				
State: <u>AZ</u>				
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>522298</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
BANKING AND FINANCE				
5. Principal Office Address				
No. and Street: 7300 E HAMPTON AVE				
<u>SUITE 101</u>				
City or Town: MESA State: AZ Zip: 85281 Country: USA				
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: ATTN: LICENSING Contact Title:				
No. and Street: <u>1720 W RIO SALADO PARKWAY</u>				
City or Town: TEMPE State: AZ Zip: 85281 Country: USA				
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, 2	Zip Code, Country	
MANAGER	CLAY SCHEITZACH	1720 W RIO SALAD TEMPE, AZ 85281		

MANAGER	PAUL KAPLAN	1720 W. RIO SALADO PARKWAY TEMPE, AZ 85281 USA
MANAGER	DANIEL GAUDREAU	1720 W. RIO SALADO PARKWAY TEMPE, AZ 85281 USA
MANAGER	MARY LEIGH PHILLIPS	1720 W. RIO SALADO PARKWAY TEMPE, AZ 85281 USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 30 Day of October, 2020 at 12:57:42 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 <u>CLAY SCHEITZACH</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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