



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 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.** 001686538

**2. Exact Name of the Limited Liability Company** PayLink Payment Plans, LLC

**3. State of Formation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

522220

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

ACQUIRES AND SERVICES PAYMENT PLAN AGREEMENTS RELATED TO THE  
PURCHASE OF  
MOTOR VEHICLE AND HOME SERVICE AGREEMENTS BY RESIDENTS OF RHODE  
ISLAND.  
RECEIVES AND COLLECTS PAYMENTS MADE UNDER THE PAYMENT PLAN  
AGREEMENTS.

**5. Principal Office Address**

No. and Street: 222 SOUTH RIVERSIDE PLAZA  
SUITE 950

City or Town: CHICAGO

State: IL Zip: 60606 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: KEVIN HOVIS Contact Title: GENERAL COUNSEL

No. and Street: 222 SOUTH RIVERSIDE PLAZA  
SUITE 950

City or Town: CHICAGO

State: IL Zip: 60606 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, Zip Code, Country
MANAGER	REBECCA HOWARD	222 SOUTH RIVERSIDE PLAZA, SUITE 950 CHICAGO, IL 60606 USA

**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 30 Day of October, 2020 at 3:42:45 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 KEVIN S. HOVIS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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