



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2019  
Corporation

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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 DEC -9 PM 2:17

| 1. Entity ID Number<br>001686635  |               | 2. Exact name of the Corporation<br>Innovative Funding Services Corporation   |                                       |                   |              |                  |              |           |           |     |        |      |      |      |
|---|---------------|---|---------------------------------------|-------------------|--------------|------------------|--------------|-----------|-----------|-----|--------|------|------|------|
| 3. Principal Office Address<br>1706 E. New Hope Drive, Suite A  |               |   | City<br>Leander                       | State<br>TX       | Zip<br>78641 |                  |              |           |           |     |        |      |      |      |
| 4. NAICS Code<br>522190   |               | 6. Brief description of the character of business conducted in Rhode Island<br>Automobile finance   |                                       |                   |              |                  |              |           |           |     |        |      |      |      |
| 5. State of Incorporation<br>Colorado   |               |   |                                       |                   |              |                  |              |           |           |     |        |      |      |      |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |               |   |                                       |                   |              |                  |              |           |           |     |        |      |      |      |
| President Name<br>Christine Lynne Pierson   |               |   | Vice-President Name<br>None           |                   |              |                  |              |           |           |     |        |      |      |      |
| Street Address<br>1706 E New Hope Drive, Suite a  |               |   | Street Address<br>None                |                   |              |                  |              |           |           |     |        |      |      |      |
| City<br>Leander   | State<br>TX   | Zip<br>78641  | City<br>None                          | State<br>None     | Zip<br>None  |                  |              |           |           |     |        |      |      |      |
| Secretary Name<br>None  |               |   | Treasurer Name<br>None                |                   |              |                  |              |           |           |     |        |      |      |      |
| Street Address<br>None  |               |   | Street Address<br>None                |                   |              |                  |              |           |           |     |        |      |      |      |
| City<br>None  | State<br>None | Zip<br>None   | City<br>None                          | State<br>None     | Zip<br>None  |                  |              |           |           |     |        |      |      |      |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |               |   |                                       |                   |              |                  |              |           |           |     |        |      |      |      |
| Director Name<br>Chad Wesley Shoemaker  |               |   | Director Name<br>Ronald Lee Shoemaker |                   |              |                  |              |           |           |     |        |      |      |      |
| Street Address<br>5565 E. 52nd Ave.   |               |   | Street Address<br>5565 E 52nd Ave     |                   |              |                  |              |           |           |     |        |      |      |      |
| City<br>Commerce City   | State<br>CO   | Zip<br>80022  | City<br>Commerce City                 | State<br>CO       | Zip<br>80022 |                  |              |           |           |     |        |      |      |      |
| Director Name<br>None   |               |   | Director Name<br>None                 |                   |              |                  |              |           |           |     |        |      |      |      |
| Street Address<br>None  |               |   | Street Address<br>None                |                   |              |                  |              |           |           |     |        |      |      |      |
| City<br>None  | State<br>None | Zip<br>None   | City<br>None                          | State<br>None     | Zip<br>None  |                  |              |           |           |     |        |      |      |      |
| 9. Shares Authorized  |               | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                                       |                   |              |                  |              |           |           |     |        |      |      |      |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |               | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10,000.00</td> <td>CWP</td> <td>0.0100</td> </tr> <tr> <td>None</td> <td>None</td> <td>None</td> </tr> </tbody> </table> |                                       |                   |              | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 10,000.00 | CWP | 0.0100 | None | None | None |
|   |               | NUMBER OF SHARES  | CLASS/SERIES                          | PAR VALUE         |              |                  |              |           |           |     |        |      |      |      |
|   |               | 10,000.00   | CWP                                   | 0.0100            |              |                  |              |           |           |     |        |      |      |      |
| None  | None          | None  |                                       |                   |              |                  |              |           |           |     |        |      |      |      |
|   |               |   |                                       |                   |              |                  |              |           |           |     |        |      |      |      |
| 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.<br>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<br>Chad Shoemaker   |               |   |                                       | Date<br>12/7/2020 |              |                  |              |           |           |     |        |      |      |      |
| Signature of Authorized Representative<br>Chad Shoemaker  |               |   |                                       |                   |              |                  |              |           |           |     |        |      |      |      |

FILED

 DEC 09 2020  
 ECCME A.A. 2:18 p.m.