



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2019  
**Corporation** \_\_\_\_\_

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 BUS SVCS DIV

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

1. Entity ID Number 001686635		2. Exact name of the Corporation Innovative Funding Services Corporation			
3. Principal Office Address 1706 E. New Hope Drive, Suite A			City Leander	State TX	Zip 78641
4. NAICS Code 522190		6. Brief description of the character of business conducted in Rhode Island Automobile finance			
5. State of Incorporation 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 Christine Lynne Pierson			Vice-President Name None		
Street Address 1706 E New Hope Drive, Suite a			Street Address None		
City Leander	State TX	Zip 78641	City None	State None	Zip None
Secretary Name None			Treasurer Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip 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 Chad Wesley Shoemaker			Director Name Ronald Lee Shoemaker		
Street Address 5565 E. 52nd Ave.			Street Address 5565 E 52nd Ave		
City Commerce City	State CO	Zip 80022	City Commerce City	State CO	Zip 80022
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip 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.  Changes require an additional filing.		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. <i>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.</i>					
Name of Authorized Representative Chad Shoemaker				Date 12/7/2020	
Signature of Authorized Representative <i>Chad Shoemaker</i>				<b>FILED</b>	

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

DEC 09 2020  
 ECCME A.A. 2:18 pm.