



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 12 2021

STAMP

BY

4303

1. Entity ID Number 000066705		2. Exact name of the Corporation MUNICIPAL COLLECTION AGENCY, LTD.			
3. Principal Office Address 10 DORRANCE STREET, SUITE 620			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island COLLECTION SERVICE FOR MUNICIPALITIES FOR TAXES, FINES, FEE, ETC.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ASHLEY E. ODESS			Vice-President Name JOSEPH L. GADREAU, III		
Street Address 10 DORRANCE STREET, SUITE 620			Street Address 10 DORRANCE STREET, SUITE 620		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name ASHLEY E. ODESS			Treasurer Name ASHLEY E. ODESS		
Street Address 10 DORRANCE STREET, SUITE 620			Street Address 10 DORRANCE STREET, SUITE 620		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name ASHLEY E. ODESS			Director Name		
Street Address 10 DORRANCE STREET, SUITE 620			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
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.					
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 Ashley Odess					Date 02/25/2021
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020