



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 21 2023

BY

1. Entity ID Number 001692493		2. Exact name of the Corporation ATLANTIC COLLECTION AGENCY, INC	
3. Principal Office Address 194 BOSTON POST ROAD		City EAST LYME	State CT
		Zip 06333	
4. NAICS Code 561440	6. Brief description of the character of business conducted in Rhode Island: COLLECTIONS OF DEBT		
5. State of Incorporation CT			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name KEVIN J BRAHM		Vice President Name JAMES K BRAHM	
Street Address 94 PORTLAND ROAD		Street Address 7 JEREMY DRIVE	
City MARLBOROUGH	State CT	Zip 06447	City EAST LYME
			State CT
			Zip 06333
Secretary Name NONE		Treasurer Name NONE	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	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 <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS-SERIES	
		PAR VALUE	
		5000	CNP
			0
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 KEVIN J. BRAHM		Date 02/15/23	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

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

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