



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 0825
aa

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. <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 KEVIN J. BRAHM				Date 02/15/23	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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