|   | State of Rhode                           | Island                       | Fee: \$50.00             |  |  |  |  |  |  |
|---|--|------------------------------|--------------------------|--|--|--|--|--|--|
|   | 1 cc. \$20.00                            |                              |                          |  |  |  |  |  |  |
| Division Of Business Services   |  |                              |                          |  |  |  |  |  |  |
|   | 148 W. River Street                      |                              |                          |  |  |  |  |  |  |
| 7636  | Providence RI 029<br>(401) 222-30        |                              |                          |  |  |  |  |  |  |
| Foreign Business Corporation  |  |                              |                          |  |  |  |  |  |  |
| Annual Report   |  |                              |                          |  |  |  |  |  |  |
| Filing Period: February 1 - May   | 1  |                              |                          |  |  |  |  |  |  |
| In accordance with R.I.G.L. 7-1<br>file its annual report within third  |  |                              |                          |  |  |  |  |  |  |
| file its annual report within thirty (30) days after the time prescribed by law<br>(R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. |  |                              |                          |  |  |  |  |  |  |
| ANNUAL REPORT YEAR: 2023  |  |                              |                          |  |  |  |  |  |  |
| 1. Corporate ID No. 00009   | <u>)0455</u>                             |                              |                          |  |  |  |  |  |  |
| 2. Name of Corporation ARS National Services Inc.   |  |                              |                          |  |  |  |  |  |  |
| 3. Street Address Principal B   | usiness Office:                          |                              |                          |  |  |  |  |  |  |
| No. and Street: 270 W   | 2ND AVE                                  |                              |                          |  |  |  |  |  |  |
| City or Town: ESCO  | NDIDO State: <u>C</u>                    | <u>A</u> Zip: <u>92025</u>   | Country: <u>US</u>       |  |  |  |  |  |  |
| 4. Business Phone No.   |  |                              |                          |  |  |  |  |  |  |
|   |  |                              |                          |  |  |  |  |  |  |
|   |  |                              |                          |  |  |  |  |  |  |
| 5. State of Incorporation   |  |                              |                          |  |  |  |  |  |  |
| State: <u>CA</u>  |  |                              |                          |  |  |  |  |  |  |
|   | ARTICLE III                              |                              |                          |  |  |  |  |  |  |
| Enter the six digit NAICS Code  | that best describes the prir             | nary business conduct        | ed by the entity.        |  |  |  |  |  |  |
| Download the list of codes her  | <u>e.</u> More information on <u>NAI</u> | <u>CS</u> can be found onlir | ne.                      |  |  |  |  |  |  |
| <u>561440</u>   |  |                              |                          |  |  |  |  |  |  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island   |  |                              |                          |  |  |  |  |  |  |
|   |  |                              |                          |  |  |  |  |  |  |
| CONSUMER DEBT COLLECTION  |  |                              |                          |  |  |  |  |  |  |
| 7. Names and Addresses of the Officers and Directors:   |  |                              |                          |  |  |  |  |  |  |
|   |  |                              |                          |  |  |  |  |  |  |
| All officers and directors must be listed.  |  |                              |                          |  |  |  |  |  |  |
| Title   | Individual Name                          |                              | ress                     |  |  |  |  |  |  |
| 1   | First, Middle, Last, Suffix              | Address, City or Town, S     | State, Zip Code, Country |  |  |  |  |  |  |

| PRESIDENT          | JAMES BRANDON BLACK | 270 W 2ND AVE<br>ESCONDIDO, CA 92025 US |
|--------------------|---------------------|---|
| TREASURER          | KATHY L HOWERTON    | 270 W 2ND AVE<br>ESCONDIDO, CA 92025 US |
| SECRETARY          | KATHY L HOWERTON    | 270 W 2ND AVE<br>ESCONDIDO, CA 92025 US |
| CEO                | JAMES BRANDON BLACK | 270 W 2ND AVE<br>ESCONDIDO, CA 92025 US |
| EXECUTIVE CHAIRMAN | JASON HOWERTON      | 270 W 2ND AVE<br>ESCONDIDO, CA 92025 US |
| DIRECTOR           | JOHN HOWERTON       | 270 W 2ND AVE<br>ESCONDIDO, CA 92025 US |

## 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per<br>Share | Total Authorized<br>Shares<br>Number of Shares | Total Issued<br>and<br>Outstanding<br><i>Num of</i><br><i>Shares</i> |
|----------------|-----------------|------------------------|--|--|
| CWP            |                 | \$0.1000               | 100,000.00                                     | 10000  |

## 9. 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.

**Signed this 5 Day of April, 2023 at 3:09:01 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By JAMES BRANDON BLACK

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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