	State of Rhode Office of the Secret		Fee: \$50.00
	Division Of Busines	ss Services	
	148 W. River S	Street	
	Providence RI 029		
7630	(401) 222-30)40	
Limited Liability Company			
Annual Report Filing Period: Fel	pruary 1 - May 1		
In accordance wi	$A = \frac{1}{2} + $	y company failing or	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by			
law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPOR	RT YEAR: <u>2023</u>		
1. ID No. <u>001011429</u>			
2. Exact Name of the Limited Liability Company PLAZA SERVICES, LLC			
3. State of Formation			
State: SD			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>561440</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
DEBT BUYER			
5. Principal Offi	ce Address		
No. and Street:	110 HAMMOND DRIVE, SUITE 110		
City or Town:	ATLANTA	State: <u>GA</u> Zip: <u>303</u>	28 Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name:	Contact Title		
	110 HAMMOND DRIVE, SUITE 110		
City or Town:	ATLANTA	State: <u>GA</u> Zip: <u>303</u>	<u>28</u> Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888			

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of April, 2023 at 6:58:07 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By GERALD LEWIS

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved