



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 APR 27 P 1:07

1. Entity ID Number 000892387		2. Exact name of the Corporation BCA Financial Services, Inc.			
3. Principal Office Address 18001 OLD CUTLER ROAD, SUITE 462			City Miami	State FL	Zip 33157
4. NAICS Code 561440		6. Brief description of the character of business conducted in Rhode Island Debt Collection			
5. State of Incorporation FL					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Pamela Kirchner			Vice-President Name Kathleen Kinggard		
Street Address 18001 OLD CUTLER ROAD, SUITE 462			Street Address 18001 OLD CUTLER ROAD, SUITE 462		
City Miami	State FL	Zip 33157	City Miami	State FL	Zip 33157
Secretary Name Cynthia Darley			Treasurer Name Cynthia Darley		
Street Address 18001 OLD CUTLER ROAD, SUITE 462			Street Address 18001 OLD CUTLER ROAD, SUITE 462		
City Miami	State FL	Zip 33157	City Miami	State FL	Zip 33157
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Pamela Kirchner			Director Name Kathleen Kinggard		
Street Address 18001 OLD CUTLER ROAD, SUITE 462			Street Address 18001 OLD CUTLER ROAD, SUITE 462		
City Miami	State FL	Zip 33157	City Miami	State FL	Zip 33157
Director Name Cynthia Darley			Director Name		
Street Address 18001 OLD CUTLER ROAD, SUITE 462			Street Address		
City Miami	State FL	Zip 33157	City	State	Zip
9. Shares Authorized 10,000			10. Shares Issued 8,835 Check the box to indicate an attachment <input checked="" 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
			CWP		1.00
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 Cynthia H. Darley				Date 04/21/2023	
Signature of Authorized Representative <i>Cynthia H. Darley</i>					

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 27 2023

BY ML 4029

FORM 630 - Revised: 2/2023