				Fee: \$20.00		
		Division Of Busines	s Services			
	1426					
	1030	(401) 222-30	40			
A	Foreign Non-Profit Annual Report Filing Period: February 1 - May	1				
а						
	ANNUAL REPORT YEAR - EN	TER THE <u>CURRENT</u> FILING Y	fice of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 The formation failing or refusing to file its ad by law (R.I.G.L. 7-6-91) is subject to a E CURRENT FILING YEAR 2023: 2023 N CONSUMER CREDIT COUNSELING, INC. NAICS CODE Code below, select the classification title that describes the entity engages. The box to the right of the dropdown will e chosen selection. If the NAICS Code is known, enter it into the se with selecting a classification click here. AVENUE AVENUE State: MA Zip: 02466 Country: USA r of the Affairs Conducted in Rhode Island LING AND PROVIDE DEBT MANAGEMENT SERVICES icers and Directors: Isted. dividual Name Address			
	1. Corporate ID No. <u>00013</u>	36447				
	2. Name of Corporation <u>AMI</u>	ERICAN CONSUMER CR	EDIT COUNSELING	G, INC.		
	3. State of Incorporation					
	State: <u>MA</u>					
		NAICS CODE				
	primary type of activity in whic populate a NAICS Code based	ng the dropdown labeled NAICS Code below, select the classification title that describes the nary type of activity in which your entity engages. The box to the right of the dropdown will ulate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the on the right. For further assistance with selecting a classification <u>click here.</u>				
	NAICS Code					
	813920					
	4. Principal Office Address					
		FORD AVENUE				
	City or Town: <u>AUBURN</u>		e: <u>MA</u> Zip: <u>02466</u>	Country: <u>USA</u>		
	·	aracter of the Affairs Condu	icted in Rhode Island	•		
	NON-PROFIT CREDIT CO	UNSELING AND PROVII	DE DEBT MANAGEN	MENT SERVICES		
	6. Names and Addresses of t	he Officers and Directors:				
	All officers and directors m	nust be listed.				
	Title	Individual Name First, Middle, Last, Suffix	1			

PRESIDENT	ALLEN AMADIN	130 RUMFORD AVENUE, SUITE 202 AUBURNDALE, MA 02466 USA	
VICE PRESIDENT	DONNA CONLEY	130 RUMFORD AVENUE, SUITE 202 AUBURNDALE, MA 02466 USA	
DIRECTOR	MARY PAPAZIAN	5 PHOENIX PLACE ANDOVER, MA 01810 USA	
DIRECTOR	LILIAN ROJAS	1210 TRAPELO ROAD WALTHAM, MA 02451 USA	
DIRECTOR	MATTHEW PARADISE	5 WINIFRED ROAD FRAMINGHAM, MA 01701 USA	
DIRECTOR	ZEPUR KAUWAJIAN	17 PORTER ROAD WALTHAM, MA 02452 USA	
DIRECTOR	MICHAEL SILVA	6 TECHNOLOGY DRIVE, , APT#351 CHELMSFORD, MA 01863 USA	
DIRECTOR	DONALD FRADETTE	211 SANDTRAP CT. NORTHBRIDGE, MA 01534 USA	
DIRECTOR	JAMES CURRIE	5 LAUREL DRIVE HUDSON, MA 01749 USA	
DIRECTOR	JOHN SERGI	1700 TRAPELO ROAD WALTHAM, MA 02451 USA	
DIRECTOR	JOSEPH STASIO	73 FAIRVIEW AVENUE SWAMPSCOTT, MA 01907 USA	
DIRECTOR	KENNETH LOPEZ	50 WOODCLIFF DRIVE WALTHAM, MA 02452 USA	

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of July, 2023 at 10:34:09 AM 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 § 7-6.*

By DONNA CONLEY

Signature of Authorized Person

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