

State of Rhode Island  
 Department of State - Business Services Division

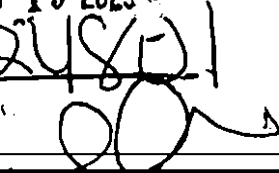
Annual Report for the year:  
 Corporation

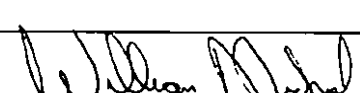
2024

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

SEP 19 2023

BY 24801  


1. Entity ID Number 001657927		2. Exact name of the Corporation MERCHANTS ACCEPTANCE CORP.			
3. Principal Office Address 1314 AUBURN WAY N			City AUBURN	State WA	Zip 98002
4. NAICS Code 522110		6. Brief description of the character of business conducted in Rhode Island SALES FINANCING			
5. State of Incorporation WA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name WILLIAM S. MICHAEL			Vice-President Name		
Street Address PO BOX 40468			Street Address		
City BELLEVUE	State WA	Zip 98015	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name JAROD YODER			Director Name		
Street Address 6116 28TH ST NE			Street Address		
City TACOMA	State WA	Zip 98422	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500			
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. <b>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.</b>					
Name of Authorized Representative					Date 9/13/2023
Signature of Authorized Representative WILLIAM S. MICHAEL					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov