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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023 2024
Corporation

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

| | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------|--------------|-------------------|--------------|
| 1. Entity ID Number 000152678 | | 2. Exact name of the Corporation EVERGREEN PROFESSIONAL RECOVERIES | | | | | |
| 3. Principal Office Address 12100 NE 195TH ST #125 | | | | City BOTHELL | | State WA | Zip 98011 |
| 4. NAICS Code 522300 | | 6. Brief description of the character of business conducted in Rhode Island | | | | | |
| 5. State of Incorporation WA | | DEBT COLLECTION | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | | | |
| President Name KENNETH A ROSS | | | | Vice-President Name | | | |
| Street Address 2423 TAYLOR DRIVE | | | | Street Address | | | |
| City EVERETT | | State WA | Zip 98203 | | City | State | Zip |
| Secretary Name | | | | Treasurer Name | | | |
| Street Address | | | | Street Address | | | |
| City | | State | Zip | | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment | | | | | | | |
| Director Name | | | | Director Name | | | |
| Street Address | | | | Street Address | | | |
| City | | State | Zip | | City | State | Zip |
| Director Name | | | | Director Name | | | |
| Street Address | | | | Street Address | | | |
| City | | State | Zip | | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued Check the box to indicate an attachment | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE |
| | | | | | COMMON | | |
| 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 <i>Kenneth A. Ross</i> | | | | | | Date 9-18-2023 | |
| Signature of Authorized Representative KEN ROSS | | | | | | | |

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

FILED
SEP 25 2023
BY *7455818*
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