

FEB 07 2024
BY_____

Annual Report for the year: 2024
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty. Additional \$25.00 fee if form is not filed by May 31.

Entity ID Number	2. Exact name of the Limited Liability Company			
000140032	Kramer Credit Services, LLC			
3. NAICS Code 5. State of Formation RI	4. Brief description of the character of business conducted in Rhode Island Acquisition, collecting, servicing and/or sale of credit accounts of others			
6. Principal Office Address		City	State	Zip
6217 Covington Drive		Rowlett	TX	75089
7. Mailing Address of Limited Lia	ability Company and Name o	or Title of Contact Person		
Contact Name Nicholas Barrett		Contact Title Owner		
Street Address 6217 Covington Drive		City Rowlett	State TX	^{Zip} 75089
8. The Resident Agent information				
9. Under penalty of perjury, I o statements, and that all stater	declare and affirm that I ha nents contained herein are	ve examined this report, inclue true and correct.	iding any accompany	ing schedules and
Name of Authorized Person			Date	
Nicholas Barrett /			1/31/2024	
Signature of Authorize(I)Person	Kenyo			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov