



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001670902

**2. Name of Corporation** Mapping Your Future, Inc.

**3. State of Incorporation**

State: SD

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

**4. Principal Office Address**

No. and Street: 3614 LEEDS COURT

City or Town: CORINTH

State: TX

Zip: 76210

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

ONLINE PROVIDER OF STUDENT LOAN EDUCATIONAL SERVICES IN SUPPORT OF  
HIGHER EDUCATION AND A PROVIDER OF FINANCIAL WELLNESS SERVICES  
THROUGH EMPLOYERS AND CREDIT UNIONS

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CEO	CATHERINE MUELLER	PO BOX 1017 LAKE DALLAS, TX 75065 US
DIRECTOR	TRACY IRELAND	270 WASHINGTON STREET, SW ATLANTA, GA 30334 USA
DIRECTOR	WILL SHAFFNER	633 SPIRIT DR CHESTERFIELD, MO 63005 USA
DIRECTOR	GENE HUTCHINS	35436 MONTERRA CIRCLE UNION CITY, CA 94587 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 4 Day of March, 2024 at 10:19:37 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 CATHERINE MUELLER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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