	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services	
	148 W. River Street	
1426	Providence RI 02904-2615	
	(401) 222-3040	
Limited Liability Compa Annual Report Filing Period: February 1 - N		
refusing to file its annual rep	7-16-66(d), each limited liability company failing or port within thirty (30) days after the time prescribed by is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR - I	ENTER THE CURRENT YEAR 2024 : <u>2024</u>	
1. ID No. <u>001755783</u>		
2. Exact Name of the Limited Liability Company WNS BPM AMERICAS LLC		
3. State of Formation		
State: <u>DE</u>		
NAICS CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>561440</u>		
4. Brief Description of the	Character of the Business Which is Actually Conducted i	n Rhode Island
TO PROVIDE MORTGAGE AND DEBT COLLECTION SERVICES		
5. Principal Office Addres	s	
No. and Street: <u>16945 NO</u>	DRTHCHASE DRIVE, SUITE 1200	
City or Town: <u>HOUSTO</u>	\underline{ON} State: \underline{TX} Zip: $\underline{770}$	<u>60</u> Country: <u>USA</u>
6. Mailing Address of Limi	ted Liability Company and Name or Title of Contact Perso	on:
Contact Name: Contact Ti		
	DRTHCHASE DRIVE, SUITE 1200	
City or Town: <u>HOUSTO</u>	<u>N</u> State: <u>TX</u> Zip: <u>770</u>	<u></u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
CT CORPORATION SYS	<u>TEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A E</u>	<u>AST</u>

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 15 Day of April, 2024 at 2:01:38 PM 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 § 7-16.*

By ADAM STEIMEL

Signature of Authorized Person

Form No. 632 Revised 09/07

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