



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

Fee: \$50.00

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

**Limited Liability Company
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. ID No. 001680763

2. Exact Name of the Limited Liability Company Health Credit Services, LLC

3. State of Formation

State: NC

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

522291

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

HCS WAS THE OPERATING COMPANY FOR CSC. CSC AND HCS ACTED AS AN INTERMEDIARY BETWEEN HEALTHCARE PROVIDERS AND STATE OR NATIONAL BANKS TO ARRANGE FINANCING FOR CONSUMERS. IN THAT ROLE, HCS CONTRACTED WITH HEALTHCARE PROVIDERS TO HAVE THE PROVIDERS OFFER CONSUMER FINANCING FOR THE MEDICAL PROCEDURES THE PROVIDER OFFERED. HCS THEN FACILITATED THE TAKING OF APPLICATIONS FOR CLOSED-END LOANS FROM THE PARTICIPATING BANKS. CSC AND HCS THEN ARRANGED FOR SERVICING FOR THE LOANS, AND PURCHASED CERTAIN LOANS AND PARTICIPATION INTERESTS IN THE LOANS. AFTER ALLY BANK ACQUIRED CSC

AND HCS.

IT TOOK OVER ALL ORIGINATION ACTIVITIES AND ARRANGED FOR SERVICING OF ITS LOANS THROUGH A THIRD PARTY VENDOR

5. Principal Office Address

No. and Street: 601 S. TRYON STREET

City or Town: CHARLOTTE State: NC Zip: 28208 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 601 S. TRYON STREET

City or Town: CHARLOTTE State: NC Zip: 28208 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 24 Day of April, 2024 at 7:02:18 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 § 7-16.*

By STACEY BUSCH

Signature of Authorized Person

Form No. 632
Revised 09/07

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