



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 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.

FILED

APR 24 2024

BY

1. Entity ID Number 000066705		2. Exact name of the Corporation Municipal Collection Agency, LTD.			
3. Principal Office Address 10 Dorrance Street, Suite 620			City Providence	State RI	Zip 02903
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island Collection Service for Municipalities for Taxes, Fines, Fees, Etc.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ashley E. Odess			Vice-President Name Joseph L. Gadreault, III		
Street Address 10 Dorrance Street, Suite 620			Street Address 10 Dorrance Street, Suite 620		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Ashley E. Odess			Treasurer Name Ashley E. Odess		
Street Address 10 Dorrance Street, Suite 620			Street Address 10 Dorrance Street, Suite 620		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ashley E. Odess			Director Name		
Street Address 10 Dorrance Street, Suite 620			Street Address		
City Providence	State RI	Zip 02903	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIALS		
			PAR VALUE		
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 Ashley E. Odess					Date 04/09/2024
Signature of Authorized Representative 					

MAIL TO:

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