



**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. 000697753

2. Name of Corporation URGENT CREDIT COUNSELING, INC.

3. State of Incorporation

State: OR

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
541990

4. Principal Office Address

No. and Street: 219 SW HARVEY MILK ST. #200

City or Town: PORTLAND

State: OR Zip: 97204 Country: USA

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

ONLINE BUDGET AND CREDIT COUNSELING

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
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PRESIDENT	JIM SUNDERLAND	3202 SE HALL COURT TROUTDALE, OR 97060 USA
SECRETARY	BECKY JO PAS	219 SW HARVEY MILK ST., SUITE 200 PORTLAND, OR 97204 USA
DIRECTOR, TREASURER	MCKENZIE BATEMAN	4005 E EVERGREEN BLVD VANCOUVER, WA 98661 USA
DIRECTOR	JOHN M PESHOW	10121 SE SUNNYSIDE ROAD STE 300 CLACKAMAS, OR 97015 USA
DIRECTOR	JIM SUNDERLAND	3202 SE HALL COURT TROUTDALE, OR 97060 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**

CORPORATION SERVICE COMPANY 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 30 Day of April, 2024 at 12:19:29 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 § 7-6.*

By BECKY JO PAS
Signature of Authorized Person

Form No. 631
Revised 09/07

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