

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVState of Rhode Island  
Office of the Secretary of StateDivision Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

2024 JUL 19 PM 3:37

FILED

JUL 19 2024

BY 1206550

Fee: \$310.00

**Foreign Corporation****Application for Certificate of Authority**

Section 7-1.2-1405 of the General Laws of Rhode Island, (1956 as amended)

**SECTION I**The name of the corporation is Consumer Adjustment Company, Inc.**SECTION II**It is incorporated under the laws of State: MO Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

**SECTION III**

The name, if different, which it elects to use in Rhode Island:

(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR

(b) if the corporation proposes to qualify and transact business under a different name, list that name:

**CACI**

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

**SECTION IV**The date of its incorporation is 3/6/1967and the period of its duration is ☒ Perpetual**SECTION V**

The location of its principal office is

No. and Street: 500 NW PLAZA DRIVE SUITE 300City or Town: ST ANNState: MOZip: 63074Country: USA**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200City or Town: WARWICKState: RIZip: 02888and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY**SECTION VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

3RD PARTY COLLECTIONS**SECTION VIII**

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROGER WEISS	500 NW PLAZA DRIVE SUITE 300 ST ANN MO 63074 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address <small>Address, City or Town, State, Zip Code, Country</small>
PRESIDENT	ROGER WEISS	500 NW PLAZA DRIVE SUITE 300 ST ANN, MO 63074 USA

#### SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <small>Num of Shares</small>
CWP			\$1.0000 3,000.00

Signed this 19 Day of July, 2024 at 12:28:59 PM by the officer(s). *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By ROGER WEISS

Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

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# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

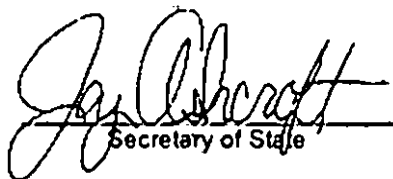
**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

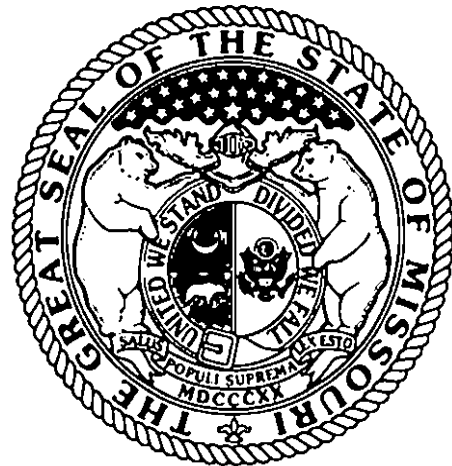
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

***CONSUMER ADJUSTMENT COMPANY, INC.***  
***00123675***

was created under the laws of this State on the 6th day of March, 1967, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 19th day of July, 2024.

  
Secretary of State



Certification Number: CERT-07192024-0016



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 19, 2024 03:37 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

