



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGS BSD
25 MAR 4 PM 2:22:50

Annual Report for the year: 2025
Limited Liability Company

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000 691199</u>		2. Exact name of the Limited Liability Company <u>ECCO CASH SERVICES LLC</u>	
3. NAICS Code <u>522390</u>		4. Brief description of the character of business conducted in Rhode Island <u>TO ENGAGE IN FINANCIAL SERVICES - INCLUDING LICENSED CHECK CASHING AND ALL OTHER PERMITTED FINANCIAL SERVICES</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>810 RESERVOIR AVE</u>		City <u>CRANSTON</u>	State <u>RI</u>
		Zip <u>02910</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>THOMAS A HANLEY ESQ</u>		Contact Title <u>ATTORNEY</u>	
Street Address <u>ONE WEST EXCHANGE ST</u>		City <u>PROV</u>	State <u>RI</u>
		Zip <u>02903</u>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Person <u>THOMAS A HANLEY ESQ</u>			Date <u>2/24/2025</u>
Signature of Authorized Person <u>[Signature]</u>			

FILED

MAR 04 2025

BY

CLB JV

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MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov