



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

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  
MAR 4 2025  
2:22:43  
TALLIP

1. Entity ID Number <b>000 793733</b>		2. Exact name of the Corporation <b>ON FINANCIAL SERVICES INC</b>	
3. Principal Office Address <b>455 SMITH ST</b>		City <b>PROV</b>	State <b>RI</b>
Zip <b>02908</b>			
4. NAICS Code <b>522310</b>	6. Brief description of the character of business conducted in Rhode Island <b>LICENSED CHECK CASHING SERVICES AND OTHER FINANCIAL RELATED TRANSACTIONS</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>TERESA MUNOZ</b>		Vice-President Name <b>TERESA MUNOZ</b>	
Street Address <b>3 FARRINGTON LANE</b>		Street Address	
City <b>CANTON</b>	State <b>MA</b>	Zip <b>02021</b>	
Secretary Name <b>REBECCA FRANCO</b>		Treasurer Name <b>REBECCA FRANCO</b>	
Street Address		Street Address <b>275 PACASSET AVE</b>	
City	State	Zip	
		City <b>PROV</b>	State <b>RI</b>
		Zip <b>02909</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>TERESA MUNOZ</b>		Director Name <b>REBECCA FRANCO</b>	
Street Address <b>3 FARRINGTON LANE</b>		Street Address <b>275 PACASSET AVE</b>	
City <b>CANTON</b>	State <b>MA</b>	Zip <b>02021</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
		City	State
		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<b>1000</b>	
		<b>COMMON</b>	
		<b>0.0100</b>	
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. <span style="float: right;">FILED</span>			
Name of Authorized Representative <b>THOMAS A. HANLEY ESQ</b>		Date <b>2/24/2025</b>	
Signature of Authorized Representative 		BY <b>GGGSH</b>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov