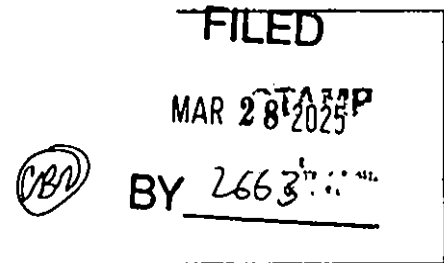


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State of Rhode Island
Department of State - Business Services Division

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>000304801</u>		2. Exact name of the Limited Liability Company Full Circle Financial Services, LLC	
3. NAICS Code 561440		4. Brief description of the character of business conducted in Rhode Island Debt Collection Agency	
5. State of Formation FL			
6. Principal Office Address 12425 Race Track Rd #100		City Tampa	State FL
		Zip 33626	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Roger Knauf		Contact Title President	
Street Address same		City	State
		Zip	
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 Roger Knauf		Date 3/25/2025	
Signature of Authorized Person		Signed by: 	

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