

State of Rhode Island Department of State - Business Services Division

FILED

Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

APR 16 2025

→ Filing Fee: \$50.00

CB) BY 1008

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 1753308	2. Exact name of the Limited Liability Company ACK Recovery, LLC			
3. NAICS Code 561440	Brief description of the character of business conducted in Rhode Island Debt collections and consolidations			
5. State of Formation RI				
6. Principal Office Address		City	State	Zip
5600 Post Road, 114-163		East Greenwich	RI	02818
7. Mailing Address of Limit	ed Liability Company and Name of	r Title of Contact Person		. .
Contact Name Christopher Runci		Contact Title Member		
Street Address 5600 Post Road, 114-163		City East Greenwich	State RI	^{Zip} 02818
8. The Resident Agent info	rmation currently of record with the	e RI Department of State is accurate	. Changes require	e filing Form 642
	ry, I declare and affirm that I havitatements contained herein are	e examined this report, including true and correct.	any accompany	ring schedules and
Name of Authorized Perso		Date		
Christopher Runci			4.1.2025	
Signature of Authorized Pe	erson		•	

MAIL TO:

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