



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.

RECEIVED

1. Entity ID Number 000692890		2. Exact name of the Corporation Tucker, Albin & Associates Incorporated			
3. Principal Office Address 222 Jefferson Blvd Ste 200		City Warwick		State RI	Zip 02888
4. NAICS Code 561440		6. Brief description of the character of business conducted in Rhode Island Debt Collection Service			
5. State of Incorporation TX					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Allen Humphris			Vice-President Name		
Street Address 7431 Northaven Rd			Street Address		
City Dallas	State TX	Zip 75230	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Allen Humphris			Director Name		
Street Address 7431 Northaven Rd			Street Address		
City Dallas	State TX	Zip 75230	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1000	A	0
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. <b>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.</b>					
Name of Authorized Representative Allen Humphris				Date 4/29/2025	
Signature of Authorized Representative 					

FILED

MAY 22 2025

BY 62396  
AA

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

FORM 630- Revised: 12/2023