

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.

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Entity ID Number	2. Exact name of the Limited Liability Company					
000788414	HS FINANCIAL GROUP, LLC					
3, NAICS Code	Brief description of the character of business conducted in Rhode Island Debt Buyer					
561440						
5. State of Formation						
Ohio						
6. Principal Office Address		City	State	Zip		
18013 Cleveland Pkwy,	# 170	Cleveland	ОН	44135		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Timothy Sullivan		Contact Title President/Owner				
Street Address 18013 Cleveland Pkwy, # 170		City Cleveland	State OH	Zip 44135		
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 etstements, and that all statements contained herein are true and correct.						
Name of Authorized Person			Date	Date		
Timothy Sullivan			3/12/25			
Signature of Authoriza of Staon						

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JUN 18 2025

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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.n.gov