RI SOS Filing Number: 202575971190 Date: 6/18/2025 9:39:00 AM

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State of Rhode Island	800
Department of State - Business Services Division	<b>₹6</b> 5
Annual Report for the year: Limited Liability Company	850 850 138:13
→ Filing period: February 1 - May 1	· · · · · · · · · · · · · · · · · · ·
→ Filing Fee: \$50.00	
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.	<del></del>

1. Entity ID Number	2. Exact name of the Limits	2. Exact name of the Limited Liability Company			
000788414		HS FINANCIAL GROUP, LLC			
000700414	TIO FINANCIAL C	HS FINANCIAL GROUP, LLC			
3. NAICS Code	4. Brief description of the cl	Brief description of the character of business conducted in Rhode Island     Debt Buyer			
561440	Debt Buyer				
5. State of Formation					
Ohio					
6. Principal Office Address		City	State	Zip	
18013 Cleveland Pkwy, # 170		Cleveland	ОН	44135	
7. Mailing Address of Limited	d Liability Company and Name or	Title of Contact Person		<del></del>	
Contact Name Timothy Su	ıllivan	Contact Title President/Owner			
Street Address 18013 Cleveland Pkwy, # 170		City Cleveland	State OH	<sup>Zip</sup> 44135	
8. The Resident Agent Inform	nation currently of record with the	RI Department of State is accur	rate. Changes require	filing Form 642.	
8. Under penalty of perjury statements, and that all sta	y, i declare and affirm that i have etements contained herein are t	e exemined this report, includi true and correct.	ing any accompanyi	ing schedules and	
Name of Authorized Person		Date	Date		
Timothy Sullivan		3/12/2025			
Signature of Authorizant as	ion				

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2815

Phone: (401) 222-3040 Website: www.sos.n.gov

JUN 18 2025

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