



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: Amended 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.

REC'D RHODES BOSTON
20 SEP 29 PM 2:12

1. Entity ID Number 000120905		2. Exact name of the Corporation AllianceOne Receivables Management, Inc.					
3. Principal Office Address 3 Valley Square, 512 Township Line Road			City Blue Bell		State PA	Zip 19422	
4. NAICS Code 561440		6. Brief description of the character of business conducted in Rhode Island CREDIT/COLLECTIONNAICS					
5. State of Incorporation Delaware							
7. List ALL officers (names and addresses) Check the box to indicate an attachment * ☐							
President Name SEE ATTACHED			Vice-President Name				
Street Address			Street Address				
City		State	Zip	City		State	Zip
Secretary Name			Treasurer Name				
Street Address			Street Address				
City		State	Zip	City		State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐							
Director Name			Director Name				
Street Address			Street Address				
City		State	Zip	City		State	Zip
Director Name			Director Name				
Street Address			Street Address				
City		State	Zip	City		State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐					
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		1.00		COMMON		.01	
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. <i>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.</i> FILED							
Name of Authorized Representative Harry Neerenberg						Date SEP 29 2025 9/19/25	
Signature of Authorized Representative Digitally signed by Harry Neerenberg BY <u>KS</u>							

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

Management Structure

Address: 3 Valley Square, 512 Township Line Road, Blue Bell, PA 19422

Management Name	Title Role	Title
Andrew Cavaliere, Bonaventura	Director	Director
Casey, Timothy James	Director	Director
Casey, Timothy James	Officer	CEO
Casey, Timothy James	Officer	President
Juan Carlos Hincapie	Director	Director
Neerenberg, Harry M	Officer	Secretary
Neerenberg, Harry M	Officer	Treasurer
Neerenberg, Harry M	Officer	Vice President



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 29, 2025 02:12 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

