



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000306110

2. Name of Corporation iPayDebt Financial Services, Inc.

3. State of Incorporation

State: FL

4. Corporate Address in Rhode Island

No. and Street: 10 DORRANCE STREET, SUITE 530

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 2806 FLINTROCK TRACE

A101

City or Town: LAKEWAY State: TX Zip: 78738 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO CONDUCT CREDIT COUNSELING, EDUCATION AND DEBT MANAGEMENT PROGRAMS IN THE STATE OF RHODE ISLAND

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	JOHN C DAETWYLER	2806 FLINTROCK TRACE #A101 LAKEWAY, TX 78738 USA
CEO	JOSEPH F. BARRERO	2806 FLINTROCK TRACE #A101 LAKEWAY, TX 78738 USA
VICE PRESIDENT	SETH P MASON	2806 FLINTROCK TRACE #A101 LAKEWAY, TX 78738 USA
DIRECTOR	ROSE B. CASTRO	2806 FLINTROCK TRACE #A101

		LAKWAY, TX 78738 USA
DIRECTOR	ROBERT R VALLILEE	2806 FLINTROCK TRACE #A101 LAKEWAY, TX 78738 USA
DIRECTOR	ADAM PAINTER	2806 FLINTROCK TRACE #A101 LAKEWAY, TX 78738 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BUSINESS FILINGS INTERNATIONAL, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of June, 2016 at 1:17:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOHN C. DAETWYLER
Signature of Authorized Person

Form No. 631
Revised 09/07

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