



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 CORPORATIONS DIV

2019 DEC 30 AM 11:58

**Annual Report for the year: 2019**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |   |                    |                           |     |
|---|-------|---|--------------------|---------------------------|-----|
| 1. Entity ID Number<br><b>000486379</b>   |       | 2. Exact name of the Limited Liability Company<br><b>West Bay Acquisitions, LLC</b>   |                    |                           |     |
| 3. NAICS Code<br><b>561440</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>debt collection &amp; debt purchasing</b> |                    |                           |     |
| 5. State of Formation<br><b>RI</b>  |       |   |                    |                           |     |
| 6. Principal Office Address<br><b>5600 Post Rd #114-163</b>   |       | City<br><b>East Greenwich</b>   | State<br><b>RI</b> | Zip<br><b>02818</b>       |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                    |                           |     |
| Contact Name<br><b>Chris Runci</b>  |       | Contact Title<br><b>Manager</b>   |                    |                           |     |
| Street Address<br><b>5600 Post Rd #114-163</b>  |       | City<br><b>East Greenwich</b>   | State<br><b>RI</b> | Zip<br><b>02818</b>       |     |
| 8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |       |   |                    |                           |     |
| Manager Name  |       | Manager Name  |                    |                           |     |
| Street Address  |       | Street Address  |                    |                           |     |
| City  | State | Zip   | City               | State                     | Zip |
| Manager Name  |       | Manager Name  |                    |                           |     |
| Street Address  |       | Street Address  |                    |                           |     |
| City  | State | Zip   | City               | State                     | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                    |                           |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |                    |                           |     |
| <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 Person<br><b>Christopher Runci</b>   |       |   |                    | Date<br><b>12/27/2019</b> |     |
| Signature of Authorized Person<br>   |       | SIGN DOCUMENT HERE  |                    |                           |     |

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

**FILED** ✓  
**DEC 30 2019**  
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