	State of Rhode Office of the Secreta		Fee: \$20.00	
	Division Of Busines	s Services		
148 W. River Street				
	Providence RI 029	04-2615		
1636	(401) 222-30	40		
Foreign Non-Profit Annual Report Filing Period: February 1 - May	1			
In accordance with R.I.G.L. 7-6 annual report within the time pro penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023				
1. Corporate ID No. 000488079				
2. Name of Corporation PSCU Incorporated				
3. State of Incorporation				
State: <u>FL</u>				
Using the dropdown labeled Na primary type of activity in whic populate a NAICS Code based box on the right. For further as	h your entity engages. The on the chosen selection. If	box to the right of the the NAICS Code is kr	dropdown will	
NAICS Code				
<u>522298</u>				
4. Principal Office Address				
No. and Street: 560 CARILLON PKWY				
		e: <u>FL</u> Zip: <u>33716</u>	Country: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
PROVIDE FINANCIAL SERVICES TO CREDIT UNIONS				
6. Names and Addresses of the Officers and Directors:				
All officers and directors must be listed.				
Title	Individual Name First, Middle, Last, Suffix	Add Address, City or Town, S		

PRESIDENT	CHARLES FAGAN	560 CARILLON PARKWAY ST PETERSBURG, FL 33716 USA	
TREASURER	AMY SINK	300 WEST LINCOLN AVE GOSHEN, IN 46526 USA	
SECRETARY	CHRIS SHOCKLEY	7500 BOULDER VIEW DR NORTH CHESTERFIELD, VA 23225 USA	
VICE PRESIDENT	BRIAN CALDARELLI	560 CARILLON PKWY ST PETERSBURG, FL 33716 USA	
DIRECTOR	FRANK WEIDNER	14985 GLAZIER AVE APPLE VALLEY, MN 55124 USA	
DIRECTOR	CATHIE TIERNEY	1575 DRESANG WAY NEENAH, WI 54956 USA	
DIRECTOR	CHRIS SHOCKLEY	7500 BOULDER VIEW DR NORTH CHESTERFIELD, VA 23225 USA	
DIRECTOR	AMY SINK	300 WEST LINCOLN AVE GOSHEN, IN 46526 USA	

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

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE , RI 02903

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

**Signed this 5 Day of May, 2023 at 1:35:14 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 BRIAN CALDARELLI

Signature of Authorized Person

Form No. 631 Revised 09/07

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