



LIMITED LIABILITY COMPANY ANNUAL REPORT

1/6/2022

NAME OF LIMITED LIABILITY COMPANY: Triangle Recovery Services LLC (NC)

SECRETARY OF STATE ID NUMBER: 1522409 STATE OF FORMATION: NC

REPORT FOR THE CALENDAR YEAR: 2022

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SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Stephenson, George

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY	4. REGISTERED AGENT OFFICE MAILING ADDRESS
<u>518 S West St</u>	<u>518 S West St</u>
<u>Raleigh, NC 27601 Wake County</u>	<u>Raleigh, NC 27601</u>

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Triangle Recovery Services LLC

2. PRINCIPAL OFFICE PHONE NUMBER: (919) 676-0030 3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS	5. PRINCIPAL OFFICE MAILING ADDRESS
<u>518 S West St</u>	<u>518 S West St</u>
<u>Raleigh, NC 27601</u>	<u>Raleigh, NC 27601</u>

6. Select one of the following if applicable. (Optional see instructions)

- The company is a veteran-owned small business
- The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: <u>George Stephenson</u>	NAME: _____	NAME: _____
TITLE: <u>General Manager</u>	TITLE: _____	TITLE: _____
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
<u>518 S West St</u>	_____	_____
<u>Raleigh, NC 27601</u>	_____	_____

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

<u>George Stephenson</u>	<u>4/11/2022</u>
SIGNATURE	DATE

Form must be signed by a Company Official listed under Section C of This form.

<u>George Stephenson</u>	<u>General Manager</u>
Print or Type Name of Company Official	Print or Type Title of Company Official

This Annual Report has been filed electronically.

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525