

SCC eFile

**2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

215528673

1.) CORPORATION NAME:

**AMERICAN CONSUMER CREDIT COUNSELING, INC.**

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REGISTERED AGENT SOLUTIONS INC  
7288 HANOVER GREEN DR  
MECHANICSVILLE, VA**

SCC ID NO: **F1516477**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 130 RUMFORD AVE  
SUITE 202

CITY/ST/ZIP: AUBURNDALE, MA 02466

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	STEVEN R TRUMBLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	130 RUMFORD AVE		
CITY/ST/ZIP/CO:	AUBURNDALE, MA 02466		

NAME:	DONNA CONLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	130 RUMFORD AVE		
CITY/ST/ZIP/CO:	AUBURNDALE, MA 02466		

NAME:	JAMES W CURRIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5 LAUREL DRIVE		
CITY/ST/ZIP/CO:	HUDSON, MA 01749		

NAME:	DONALD FRADETTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	211 SAND TRAP CT		
CITY/ST/ZIP/CO:	NORTHBRIDGE, MA 01534		

NAME:	KENNETH V LOPEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 WOODCLIFF DRIVE		
CITY/ST/ZIP/CO:	WALTHAM, MA 02452		

NAME:	PAUL OSGANIAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1163 MAIN STREET, SUITE 4-1		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCES QUINN DIRECTOR 14 EDGEWOOD DRIVE HAMPTON, MA 03842	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN SERGI DIRECTOR 1700 TRAPELO ROAD WALTHAM, MA 02451	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL SILVA DIRECTOR 19 WEIR ROAD WALTHAM, MA 02451	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH STASIO DIRECTOR 73 FAIRVIEW AVENUE SWAMPSCOTT, MA 01907	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ STEVEN R TRUMBLE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVEN R TRUMBLE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/30/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			