

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000010163

Entity Name: FIRST HELP FINANCIAL, LLC**Current Principal Place of Business:**199 WELLS AVENUE
SUITE 211
NEWTON, MA 02459**Current Mailing Address:**199 WELLS AVENUE
SUITE 211
NEWTON, MA 02459 US**FEI Number:** 38-3739185**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MARK WILLIAMS

04/08/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name LIU TREACY, CHARLES PARKER
Address 199 WELLS AVENUE SUITE 211
City-State-Zip: NEWTON MA 02459

Title MANAGER
Name TREACY, JAMES HUNTER
Address 199 WELLS AVENUE, SUITE 211
City-State-Zip: NEWTON MA 02459

Title MANAGER
Name TREACY, TEGAN ELIZABETH
Address 199 WELLS AVENUE, SUITE 211
City-State-Zip: NEWTON MA 02459

Title MANAGER
Name STEMBERG, THOMAS MCDERMOTT
Address 199 WELLS AVENUE, SUITE 211
City-State-Zip: NEWTON MA 02459

Title MANAGER
Name SEN GUPTA, PUSHAN
Address 199 WELLS AVENUE, SUITE 211
City-State-Zip: NEWTON MA 02459

Title MANAGER
Name TREACY, MICHAEL EDMOND
Address 199 WELLS AVENUE, SUITE 211
City-State-Zip: NEWTON MA 02459

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PUSHAN SEN GUPTA

MANAGER

04/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date