



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2012

1. ID No. 000559377

2. Exact Name of the Limited Liability Company Collective Solution, LLC

3. State of Formation

State: CA

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

CALL CENTER FOR COLLECTION COMPANIES

5. Principal Office Address

No. and Street: 10850 WILSHIRE BOULEVARD
SUITE 1000

City or Town: LOS ANGELES State: CA Zip: 90024 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: COLLECTIVE SOLUTION, LLC Contact Title:

No. and Street: 10850 WILSHIRE BOULEVARD, SUITE 1000

City or Town: LOS ANGELES State: CA Zip: 90024 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|---------|--|---|
| MANAGER | DERON QUON | 10850 WILSHIRE BOULEVARD, SUITE 1000 LOS ANGELES, CA 90024 USA |
| MANAGER | HOOMAN LAHIJANI | 10850 WILSHIRE BOULEVARD, SUITE 1000 LOS ANGELES, CA 90024 USA |
| MANAGER | SANIE CABANGCALA | : 10850 WILSHIRE BOULEVARD, SUITE 1000 LOS ANGELES, CA 90024 USA |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 24 Day of October, 2012 at 4:12:26 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 § 7-16.*

By INCORP SERVICES, INC.
Signature of Authorized Person

Form No. 632
Revised 09/07

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