



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 154758		2. Exact name of the limited liability company PEP-Bain IX, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Investments			
5. Principal office address 50 Kennedy Plaza - 18th Floor		City Providence	State RI	Zip 02903	
Contact Name Robert S. Hull		Contact Title Chief Financial Officer			
Street Address 50 Kennedy Plaza - 18th Floor		City Providence	State RI	Zip 02903	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Jonathan M. Nelson		Manager Name Glenn M. Creamer			
Street Address 50 Kennedy Plaza - 18th Floor		Street Address 50 Kennedy Plaza - 18th Floor			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Manager Name Paul J. Salem		Manager Name Glenn M. Creamer Associates II, L.P.			
Street Address 50 Kennedy Plaza - 18th Floor		Street Address 50 Kennedy Plaza - 18th Floor			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

OCT 25 2012

By *[Signature]*
CA # 001023

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 10/22/12
 Signature of Authorized Person Date

Robert S. Hull
 Print or Type Name of Authorized Person