



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 2013

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.

2014 AUG 22 AM 10:10
 SECRETARY OF STATE
 CORPORATIONS DIV

1. Entity ID No. 000115601		2. Exact name of the limited liability company FINANCIAL TACKLE LEASING, LLC			
3. State of Formation WA		4. Brief description of the character of business conducted in Rhode Island COMMERCIAL EQUIPMENT LEASING			
5. Principal office address 3455 S 344th Way, Ste 300		City Federal Way	State WA	Zip 98001	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GARY BERGSTROM			Contact Title TAX MANAGER		
Street Address 3455 S 344th Way, Ste 300		City Federal Way	State WA	Zip 98001	
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 PAUL MEHLER		Manager Name FRANK DAVIS			
Street Address 3455 S 344th Way, Ste 300		Street Address 3455 S 344th Way, Ste 300			
City Federal Way	State WA	Zip 98001	City Federal Way	State WA	Zip 98001
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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.					

**CT CORPORATION SYSTEM
 450 VETERANS MEMORIAL PARKWAY, Ste 7A
 EAST PROVIDENCE, RI 02914**

2014 AUG 12 AM 10:01
 SECRETARY OF STATE
 CORPORATIONS DIV

10:11 AM

FILED

File Date _____

Check No _____

AUG 22 2014

By: _____

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FOR SECRETARY OF STATE USE ONLY

KM

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] **5/16/14**
 Signature of Authorized Person Date

PAUL MEHLER
 Print or Type Name of Authorized Person