RI SOS Filing Number: 201445309950 Date: 09/04/2014 4:00 PM

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 2014

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.	2. Exact name of the limited liability company		
584762	Cavalry SPV I, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Delaware	Purchaser of performing + non-performing receivables.		
5. Principal office address	City	State	Zip
500 Summit Lake Drive, Ste. 400	Valhalla	NY	10595
Contact Name	Contact Title		
Anne Thomas	CCO		
Street Address	City	State	Zip
500 Summit Lake Drive, Ste. 400	Valhalla	NY	10595

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.

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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 of Authorized Person — Date: 8/18/14

Stephen Anderson, EVP
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
110760-3-925206