



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: 2014

1. ID No. 000795570

2. Exact Name of the Limited Liability Company Ascentium Capital LLC

3. State of Formation

State: DE

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

Even without a physical location in Rhode Island, Ascentium Capital is able to meet the needs of business owners by aiding them with their financing needs pertaining to new or used business equipment.

5. Principal Office Address

No. and Street: 1209 ORANGE STREET

City or Town: WILMINGTON

State: DE

Zip: 19801

Country: USA

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

Contact Name: JOEL CAPPON Contact Title: EVP / CHIEF FINANCIAL OFFICER

No. and Street: 23970 US HIGHWAY 59 NORTH

City or Town: KINGWOOD

State: TX

Zip: 77339

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 | TOM DEPPING | 23970 US HIGHWAY 59 NORTH KINGWOOD, TX 77339 USA |
| MANAGER | JOEL CAPPON | 23970 US HIGHWAY 59 NORTH KINGWOOD, TX 77339 USA |

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

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

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

Signed this 15 Day of September, 2014 at 7:12:33 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 JOEL CAPPON
Signature of Authorized Person

Form No. 632
Revised 09/07

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