

## 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. 000846844	CACULLO										
3. State of Formation	<b>I</b>	Brief description of the character of business conducted in Rhode Island     Debt Buyer									
5. Principal office address 4340 S. Monaco, 2nd	d Floor		City <b>Denver</b>	Zip <b>80237</b>							
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT	T PERSON:		eige teil					
Contact Name Paul Larkins			Contact Title Manager								
Street Address 4340 S. Monaco, 2nd	l Floor		City Denver	State CO	Zip <b>80237</b>						
7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACHN	NAMES AND ADD MENT) [	RESSES) OF THE L	MITED LIABILITY COMPANY	FAPPLICABLE - DO	NOT LIST MEMBE	R.S					
Manager Name Paul Larkins	and the state of t	A CONTRACT NO PROPERTY OF PROP	Manager Name								
Street Address 4340 S. Monaco, 2nd	Floor		Street Address								
City <b>Denver</b>	State CO	Zip <b>80237</b>	City	State	Zip	<b>Ø</b> ≥					
Manager Name	* ************************************	•	Manager Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip 🗴	700					
8. RESIDENT AGENT IN RH	IODE ISLAND				3	To.					
This information is current	ly of record in the	Office of the Secret	ary of State. Changes requir	e filing Form 642.	া ক	0					
	-					~					
			H EN		=						

FILED

APR 09 2015

A.A.

4	Fil	e I	Da	rte					32						
	CI	100	:k	N	0										
	Ву		1		e fel										
												\$			
2	FC	)R	S	EC	R	AF	*	OF	S	TA	TE.	US	EO	NLY	

Form No. 632 Revised: 01/2012 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

<u>4/3/20/</u>5 Date

**Paul Larkins** 

Print or Type Name of Authorized Person