



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: 2016

1. ID No. 000747951

2. Exact Name of the Limited Liability Company Black Mountain Systems, LLC

3. State of Formation

State: CA

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 54

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

FINANCIAL SOFTWARE

5. Principal Office Address

No. and Street: 12526 HIGH BLUFF DRIVE, SUITE 160

City or Town: SAN DIEGO

State: CA Zip: 92130 Country: USA

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

Contact Name: WAYNE ELPUS Contact Title: CIO

No. and Street: 50 PARK ROW WEST, SUITE 107

City or Town: PROVIDENCE

State: RI Zip: 02907 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	ANDREW HORWITZ	254 WEST 54TH STREET, 13TH FLOOR NEW YORK, NY 10019 USA
MANAGER	WAYNE ELPUS	50 PARK ROW WEST STE 107

		PROVIDENCE, RI 02903 USA
MANAGER	KEVIN MACDONALD	12526 HIGH BLUFF DR. STE 160 SAN DIEGO, CA 92130 USA

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

WAYNE ELPUS 50 PARK ROW WEST, SUITE 107 PROVIDENCE , RI 02903

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

Signed this 6 Day of September, 2016 at 12:16:48 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 BRIAN BARTHELMES
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved