s s	State of Rhode Island and Providence Plantation Office of the Secretary of State	ns Fee: \$50.
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615 (401) 222-3040	
HOPE		
imited Liability Com Annual Report	npany	
iling Period: September 1	- November 1	
n accordance with R.I.G.L.	. 7-16-66(d), each limited liability company failing or refusing	
o file its annual report with	in thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
6-66(b&c)) is subject to a	penalty ree of \$25.00.	
ANNUAL REPORT YEAR:	: <u>2016</u>	
1. ID No. <u>00166429</u>	<u>6</u>	
2. Exact Name of the Li	imited Liability Company <u>TACS I, LLC</u>	
3. State of Formation		
State: <u>NV</u>		
	ARTICLE III	
Using the following NAICS	S codes, please select the code that best describes your busi	ness.
Using the following NAICS	S codes, please select the code that best describes your busin	ness. <u>56114</u>
NAICS Code		<u>56114</u>
NAICS Code	6	<u>56114</u>
NAICS Code 4. Brief Description of th	6 ne Character of the Business Which is Actually Conducte	<u>56114</u>
NAICS Code 4. Brief Description of th DEBT COLLECTION A	The Character of the Business Which is Actually Conducte	<u>56114</u>
NAICS Code 4. Brief Description of the DEBT COLLECTION A 5. Principal Office Addree	The Character of the Business Which is Actually Conducte	<u>56114</u>
NAICS Code 4. Brief Description of the DEBT COLLECTION A 5. Principal Office Addree No. and Street: 255 GRE	The Character of the Business Which is Actually Conducte AND PURCHASE AND PURCHASE AND EAT ARROW AVENUE, SUITE 118	<u>56114</u> d in Rhode Island
NAICS Code 4. Brief Description of the DEBT COLLECTION A 5. Principal Office Addree No. and Street: 255 GRE City or Town: BUFFAI	The Character of the Business Which is Actually Conducte AND PURCHASE PSS EAT ARROW AVENUE, SUITE 118 LO State: <u>NY</u> Zip: 1	<u>56114</u> d in Rhode Island
NAICS Code 4. Brief Description of the DEBT COLLECTION A 5. Principal Office Addree No. and Street: 255 GRE City or Town: BUFFAI	The Character of the Business Which is Actually Conducte AND PURCHASE AND PURCHASE AND EAT ARROW AVENUE, SUITE 118	<u>56114</u> d in Rhode Island
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NAICS Code 4. Brief Description of the DEBT COLLECTION A 5. Principal Office Addres No. and Street: 255 GRE City or Town: BUFFAI 6. Mailing Address of Line Contact Name: BRANDY No. and Street: P	AND PURCHASE ess EAT ARROW AVENUE, SUITE 118 LO State: NY Zip: 1 mited Liability Company and Name or Title of Contact Performed Contact Title: Y ALVAREZ Contact Title: MNGR O BOX 93	<u>56114</u> d in Rhode Island <u>4207</u> Country: <u>US</u>
NAICS Code 4. Brief Description of the DEBT COLLECTION A 5. Principal Office Addres No. and Street: 255 GRE City or Town: BUFFAI 6. Mailing Address of Lite Contact Name: BRAND No. and Street: P City or Town: H	AND PURCHASE ess EAT ARROW AVENUE, SUITE 118 LO State: NY Zip: 1 mited Liability Company and Name or Title of Contact Performed State: NY ALVAREZ Contact Title: Y ALVAREZ Contact Title: MNGR O BOX 93 State: NY Zip: 14075	<u>56114</u> d in Rhode Island <u>4207</u> Country: <u>US</u> erson: ountry: <u>USA</u>
NAICS Code 4. Brief Description of the DEBT COLLECTION A 5. Principal Office Addres No. and Street: 255 GRE City or Town: BUFFAI 6. Mailing Address of Lite Contact Name: BRAND No. and Street: P City or Town: H	AND PURCHASE ess EAT ARROW AVENUE, SUITE 118 LO State: NY Zip: 1 mited Liability Company and Name or Title of Contact Performed State: NY Zip: 1 Y ALVAREZ Contact Title: MNGR O BOX 93 State: NY Zip: 14075 IAMBURG State: NY Zip: 14075 F Each Manager of the Limited Liability Company, if App	<u>56114</u> d in Rhode Island <u>4207</u> Country: <u>USA</u>
NAICS Code 4. Brief Description of the DEBT COLLECTION A 5. Principal Office Addres No. and Street: 255 GRE City or Town: BUFFAI 6. Mailing Address of Lite Contact Name: BRAND No. and Street: P City or Town: H 7. Name and Address of	AND PURCHASE ess EAT ARROW AVENUE, SUITE 118 LO State: NY Zip: 1 mited Liability Company and Name or Title of Contact Performed State: NY Zip: 1 Y ALVAREZ Contact Title: MNGR O BOX 93 State: NY Zip: 14075 IAMBURG State: NY Zip: 14075 F Each Manager of the Limited Liability Company, if App	<u>56114</u> d in Rhode Island <u>4207</u> Country: <u>USA</u> erson: ountry: <u>USA</u> licable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATE CREATIONS RHODE ISLAND LLC <u>10 DORRANCE STREET, SUITE 700</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02903</u>

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

Signed this 12 Day of September, 2016 at 3:37:00 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 <u>DAVID CARR</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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