RI SOS Filing Number: 201608599060 Date: 09/09/2016 12:42 PM



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. <u>000866230</u>				
2. Exact Name of the Limited Liability Company Cascad	e Capital, LLC			
3. State of Formation	•			
State: <u>DE</u>				
ARTICLE III				
Using the following NAICS codes, please select the code that	best describes your business.			
NAICS Code	<u>81</u>			
4. Brief Description of the Character of the Business Whic	h is Actually Conducted in Rhode Island			
	FILED			
PASSIVE DEBT BUYER	SEP 0 g 2016			
5. Principal Office Address	By Online			
No. and Street: HARVARD BUSINESS SERVICES, INC.				
16192 COASTAL HIGHWAY LEWES	State: <u>DE</u> Zip: <u>19958-9776</u> Country: <u>USA</u>			
6. Mailing Address of Limited Liability Company and Nam	e or Title of Contact Person:			
Contact Name: NIKKI GREEN Contact Title: COMPLIANCE	<u>E MANAGER</u>			

7. Name and Address of Each Manager of	of the Limited	Liability Company,	if Applicable.
DO NOT LIST MEMBERS			• •

PETALUMA

City or Town:

	Title	Individual Name	Address
ŧ	7312-0	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
	MANAGER	LEE BROCKETT	5 TROON TERRACE
9	Transfer - Lines to John M. E. W. William Million St. (1988) and Control of the C		PETALUMA, CA 94952 USA

State: CA Zip: 94954 Country: USA

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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A 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 9 Day of September, 2016 at 12:43:54 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 ROBERT BRUCE

Signature of Authorized Person

Form No. 632 Revised 09/07

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