



**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.** 000866230

**2. Exact Name of the Limited Liability Company** Cascade Capital, LLC

**3. State of Formation**

State: DE

**ARTICLE III**

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

NAICS Code

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

PASSIVE DEBT BUYER

**FILED**

SEP 08 2016

**5. Principal Office Address**

No. and Street: HARVARD BUSINESS SERVICES, INC.  
16192 COASTAL HIGHWAY

City or Town: LEWES

State: DE Zip: 19958-9776 Country: USA

BY Online

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

Contact Name: NIKKI GREEN Contact Title: COMPLIANCE MANAGER

No. and Street: 1670 CORPORATE CIR, STE 202

City or Town: PETALUMA

State: CA Zip: 94954 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

Title	Individual Name	Address
7312-0 MANAGER	First, Middle, Last, Suffix LEE BROCKETT	Address, City or Town, State, Zip Code, Country 5 TROON TERRACE PETALUMA, CA 94952 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 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 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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