	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.(
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615	
HOPE	(401) 222-3040	
Limited Liability C	Company	
Annual Report Filing Period: Septemb	per 1 - November 1	
	.G.L. 7-16-66(d), each limited liability company failing or refusing within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
	to a penalty fee of \$25.00.	
ANNUAL REPORT YE	EAR: <u>2016</u>	
1. ID No. <u>000159</u>	<u>9630</u>	
2. Exact Name of th	e Limited Liability Company <u>GLASS MOUNTAIN CAPITAL LLC</u>	<u> </u>
3. State of Formatio	on	
State: <u>DE</u>		
Using the following NA	ARTICLE III AICS codes, please select the code that best describes your business.	
Using the following NA		
NAICS Code	AICS codes, please select the code that best describes your business.	ode Island
NAICS Code	AICS codes, please select the code that best describes your business.	ode Island
NAICS Code 4. Brief Description of	AICS codes, please select the code that best describes your business.	ode Island
NAICS Code 4. Brief Description of DEBT COLLECTIO	AICS codes, please select the code that best describes your business.	ode Island
NAICS Code	AICS codes, please select the code that best describes your business.	ode Island
NAICS Code 4. Brief Description of DEBT COLLECTIO 5. Principal Office Action No. and Street: 193	AICS codes, please select the code that best describes your business.	
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NAICS Code 4. Brief Description of DEBT COLLECTIO 5. Principal Office Ad No. and Street: 193 City or Town: SC	AICS codes, please select the code that best describes your business.	
NAICS Code 4. Brief Description of DEBT COLLECTIO 5. Principal Office Action No. and Street: 193 City or Town: SC. 6. Mailing Address of	AICS codes, please select the code that best describes your business. <u>54</u> of the Character of the Business Which is Actually Conducted in Rho <u>ON AGENCY</u> ddress <u>30 THOREAU DRIVE, SUITE 100</u> <u>HAUMBURG</u> State: <u>IL</u> Zip: <u>60173</u> Co of Limited Liability Company and Name or Title of Contact Person:	
NAICS Code 4. Brief Description of DEBT COLLECTIO 5. Principal Office Ad No. and Street: 193 City or Town: SC 6. Mailing Address of Contact Name: DAV	AICS codes, please select the code that best describes your business. <u>54</u> of the Character of the Business Which is Actually Conducted in Rho <u>DN AGENCY</u> ddress <u>30 THOREAU DRIVE, SUITE 100</u> <u>HAUMBURG</u> State: <u>IL</u> Zip: <u>60173</u> Co	
NAICS Code 4. Brief Description of DEBT COLLECTIO 5. Principal Office Ad No. and Street: 193 City or Town: SC 6. Mailing Address of Contact Name: DAV No. and Street: 193	AICS codes, please select the code that best describes your business. <u>54</u> of the Character of the Business Which is Actually Conducted in Rho <u>ON AGENCY</u> ddress <u>30 THOREAU DRIVE, SUITE 100</u> <u>HAUMBURG</u> State: <u>IL</u> Zip: <u>60173</u> Co of Limited Liability Company and Name or Title of Contact Person: <u>/ID ANSANI</u> Contact Title: <u>GC</u>	ountry: <u>USA</u>
NAICS Code 4. Brief Description of DEBT COLLECTIO 5. Principal Office Ad No. and Street: 193 City or Town: SC 6. Mailing Address of Contact Name: DAV No. and Street: 193 City or Town: SC	AICS codes, please select the code that best describes your business. <u>54</u> of the Character of the Business Which is Actually Conducted in Rho <u>ON AGENCY</u> ddress <u>30 THOREAU DRIVE, SUITE 100</u> <u>HAUMBURG</u> State: <u>IL</u> Zip: <u>60173</u> Co of Limited Liability Company and Name or Title of Contact Person: <u>//D ANSANI</u> Contact Title: <u>GC</u> <u>30 THOREAU DRIVE, SUITE 100</u> <u>HAUMBURG</u> State: <u>IL</u> Zip: <u>60173</u> Co <u>35 of Each Manager of the Limited Liability Company, if Applicable.</u>	ountry: <u>USA</u>
NAICS Code 4. Brief Description of DEBT COLLECTIO 5. Principal Office Ad No. and Street: 193 City or Town: SC 6. Mailing Address of Contact Name: DAV No. and Street: 193 City or Town: SC 7. Name and Address	AICS codes, please select the code that best describes your business. <u>54</u> of the Character of the Business Which is Actually Conducted in Rho <u>ON AGENCY</u> ddress <u>30 THOREAU DRIVE, SUITE 100</u> <u>HAUMBURG</u> State: <u>IL</u> Zip: <u>60173</u> Co of Limited Liability Company and Name or Title of Contact Person: <u>//D ANSANI</u> Contact Title: <u>GC</u> <u>30 THOREAU DRIVE, SUITE 100</u> <u>HAUMBURG</u> State: <u>IL</u> Zip: <u>60173</u> Co <u>35 of Each Manager of the Limited Liability Company, if Applicable.</u>	ountry: <u>USA</u>

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 16 Day of September, 2016 at 9:51:20 AM 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>ANTHONY P NUZZO JR</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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