



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |       |   |      |                    |                     |
|---|-------|---|------|--------------------|---------------------|
| 1. Entity ID No.<br><b>517128</b>   |       | 2. Exact name of the limited liability company<br><b>PEP Debt Manager L.L.C.</b>                  |      |                    |                     |
| 3. State of Formation<br><b>Delaware</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Investments</b> |      |                    |                     |
| 5. Principal office address<br><b>50 Kennedy Plaza - 18th Floor</b>   |       | City<br><b>Providence</b>   |      | State<br><b>RI</b> | Zip<br><b>02903</b> |
| <b>6. BUSINESS ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON</b>   |       |   |      |                    |                     |
| Contact Name<br><b>Roman A. Bejger</b>  |       | Contact Title<br><b>Chief Compliance Officer</b>  |      |                    |                     |
| Street Address<br><b>50 Kennedy Plaza - 18th Floor</b>  |       | City<br><b>Providence</b>   |      | State<br><b>RI</b> | Zip<br><b>02903</b> |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |   |      |                    |                     |
| Manager Name  |       | Manager Name  |      |                    |                     |
| Street Address  |       | Street Address  |      |                    |                     |
| City  | State | Zip   | City | State              | Zip                 |
| Manager Name  |       | Manager Name  |      |                    |                     |
| Street Address  |       | Street Address  |      |                    |                     |
| City  | State | Zip   | City | State              | Zip                 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |       |   |      |                    |                     |
| This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |   |      |                    |                     |

**FILED**

NOV 07 2016

BY

010579

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Roman A. Bejger  
Signature of Authorized Person

10/27/2016  
Date

**Roman A. Bejger**

Print or Type Name of Authorized Person