s s	State of Rhode Island an Office of the Se			IS Fee: \$50.00		
	Division Of Bu	siness Service	es			
	148 W. R	iver Street				
	Providence R		5			
HOPE	(401) 22	22-3040				
Limited Liability Corr Annual Report Filing Period: September 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: 2019						
1. ID No. 000153723						
2. Exact Name of the Limited Liability Company <u>NEWTEK INSURANCE AGENCY, LLC</u>						
3. State of Formation						
State: <u>DC</u>						
ARTICLE III						
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.						
<u>524210</u>						
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island						
INSURANCES SERVICES						
5. Principal Office Addre	255					
	<u>MARCUS AVENUE</u> TE 130					
	E SUCCESS	State: <u>NY</u>	Zip: <u>11042</u>	Country: <u>USA</u>		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:						
Contact Name: Contact						
	MARCUS AVENUE					
	<u>E 130</u> <u>E SUCCESS</u>	State: <u>NY</u>	Zip: <u>11042</u>	Country: <u>USA</u>		
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS						
Title	Individual Name		Addr	ess		

First, Middle, Last, Suffix

BARRY SLOANE

MANAGER

Address, City or Town, State, Zip Code, Country

1981 MARCUS AVENUE SUITE 130

		LAKE SUCCESS, NY 11042 USA			
MANAGER	KYLE SLOAN	1981 MARCUS AVENUE SUITE 130 LAKE SUCCESS,, NY 11042 USA			
MANAGER	WARREN SLOANE	1981 MARCUS AVENUE SUITE 130 LAKE SUCCESS, NY 11042 USA			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11					
<u>CORPORATION SERVICE COMPANY</u> 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , <u>RI</u> 02888					
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).					
 Signed this 30 Day of September, 2019 at 11:26:43 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>BARRY SLOANE</u> Signature of Authorized Person 					
Form No. 632 Revised 09/07					
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