	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		-
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000179753</u>	3		
2. Exact Name of the Lin BROKERAGE OF LOS	mited Liability Company <u>ALLIED</u> <u>ANGELES, LLC</u>	NORTH AMERICA	<u>INSURANCE</u>
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	the entity. Download
<u>524210</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducte	ed in Rhode Island
INSURANCE BROKER	AGE SERVICES		
5. Principal Office Addre	SS		
	<u>E. RANDOLPH ST.</u> I <u>FLOOR</u>		
City or Town: <u>CHI</u>	CAGO State	: <u>IL</u> Zip: <u>60601</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact P	erson:
Contact Name: Contact No. and Street: 200 I	Title: E. RANDOLPH ST.		
<u>8TH</u>	FLOOR	:: IL Zip: 60601	Country: <u>USA</u>
	Each Manager of the Limited Liab		<u> </u>
Title	Individual Name	Add	ress
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country

MANAGER

PAUL A. HAGY

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER 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 27 Day of October, 2020 at 10:02:37 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 MICHELLE S. LEY

Signature of Authorized Person

Form No. 632 Revised 09/07

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