



State of Rhode Island
 Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2021 DEC 13 PM 12:58

Annual Report for the year: 2021 Amended
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001340220		2. Exact name of the Limited Liability Company RIGHT ANSWER INSURANCE AGENCY, LLC			
3. NAICS Code 524210		4. Brief description of the character of business conducted in Rhode Island offers auto and home insurance products			
5. State of Formation DE					
6. Principal Office Address 4804 Laurel Canyon Blvd, Ste 820		City Valley Village	State CA	Zip 91436	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Shelby L. Fogelman		Contact Title Secretary			
Street Address 4804 Laurel Canyon Blvd, Ste 820		City Valley Village	State CA	Zip 91436	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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.					
Name of Authorized Person Jennifer Kurz				Date 12/10/2021	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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Schedule A

- Answer Marketplace LLC, a DE company
- Insurance Answer Center, LLC, a DE entity
- Right Answer Insurance Agency, LLC a DE entity

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On 11/12/2021 before me, Michael Christopher Caballero, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Shelby Lynn Fogelman
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Power of Attorney
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____