		Rhode Island Secretary of S	State	Fee: \$50.00
		Business Servic	es	
		. River Street		
	/	e RI 02904-2615	5	
1636	(401) 222-3040		
Limited Liability Annual Report Filing Period: Febr				
refusing to file its a	h R.I.G.L. 7-16-66(d), each limite annual report within thirty (30) da -66(b&c)) is subject to a penalty i	ays after the time		,
ANNUAL REPOR	T YEAR - ENTER THE <u>CURRENT</u>	FILING YEAR 2	023 : <u>2023</u>	
1. ID No. <u>000</u>	153723			
2. Exact Name o	of the Limited Liability Company	NEWTEK INS	URANCE AG	<u>ENCY, LLC</u>
3. State of Form	ation			
State: <u>DC</u>				
	ART			
-	t NAICS Code that best describes t of codes <u>here.</u> More informatior			
<u>524210</u>				
4. Brief Descripti Island	ion of the Character of the Busi	ness Which is A	ctually Conduc	cted in Rhode
INSURANCES S	SERVICES			
5. Principal Offic	e Address			
No. and Street:	1981 MARCUS AVENUE			
City or Town:	<u>SUITE 130</u> LAKE SUCCESS	State: <u>NY</u>	Zip: <u>11042</u>	Country: <u>USA</u>
6. Mailing Addres	ss of Limited Liability Company	and Name or Tit	le of Contact	Person:
Contact Name: (No. and Street:	Contact Title: <u>1981 MARCUS AVENUE</u>			
No. and Street.	<u>SUITE 130</u>			

7. 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

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

Signed this 25 Day of April, 2023 at 8:08:32 PM 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 **BARRY SLOANE**

Signature of Authorized Person

Form No. 632 Revised 09/07

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