|   | State of R<br>Office of the S                            | hode Island<br>ecretary of \$ | State             | Fee: \$50.00        |
|---|--|-------------------------------|-------------------|---------------------|
| Division Of Business Services   |  |                               |                   |                     |
| 148 W. River Street   |  |                               |                   |                     |
| Providence RI 02904-2615  |  |                               |                   |                     |
| 1636  | (401)  | 222-3040                      |                   |                     |
| Limited Liability Company<br>Annual Report<br>Filing Period: February 1 - May 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 - ENTER THE CURRENT YEAR 2024: 2024  |  |                               |                   |                     |
| 1. ID No. <u>000153723</u>  |  |                               |                   |                     |
| 2. Exact Name of the Limited Liability Company <u>NEWTEK INSURANCE AGENCY, LLC</u>  |  |                               |                   |                     |
| 3. State of Formation   |  |                               |                   |                     |
| State: <u>DC</u>  |  |                               |                   |                     |
| NAICS CODE  |  |                               |                   |                     |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.  |  |                               |                   |                     |
| <u>524210</u>   |  |                               |                   |                     |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   |  |                               |                   |                     |
| <u>INSURANCE</u>  |  |                               |                   |                     |
| 5. Principal Offic  | ce Address   |                               |                   |                     |
| No. and Street:   | <u>1981 MARCUS AVENUE</u><br><u>SUITE 130</u>            |                               |                   |                     |
| City or Town:   | LAKE 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:<br>No. and Street:  | Contact Title:<br><u>1981 MARCUS AVENUE</u><br>SUITE 130 |                               |                   |                     |
| City or Town:   | LAKE SUCCESS   | State: <u>NY</u>              | Zip: <u>11042</u> | Country: <u>USA</u> |
| μ   |  |                               |                   |                     |

## 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, 2024 at 11:13:29 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 **BARRY SLOANE**

Signature of Authorized Person

Form No. 632 Revised 09/07

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