



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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.

1. ID No. 160658		2. Exact name of the limited liability company Kettle Creek Insurance Agency LLC	
3. State of Formation CONNECTICUT		4. Brief description of the character of the business which is actually conducted in Rhode Island Insurance Agency Brokerage	
5. Principal office address 86 Kettle Creek Rd		City Weston	State CT
		Zip 06883	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Charles T. Bartholomae		Contact Title MANAGING MEMBER	
Street Address 86 Kettle Creek Rd		City Weston	State CT
		Zip 06883	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name Charles T. Bartholomae		Manager Name	
Street Address 86 Kettle Creek Rd		Street Address	
City Weston	State CT	City	State
Zip 06883		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

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

FILED	
File Date	OCT 26 2007
Check No.	
By	1158
FOR SECRETARY OF STATE USE ONLY	

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.

Charles T. Bartholomae 10/11/07
Signature of Authorized Person Date
Charles T. Bartholomae
Print or Type Name of Authorized Person