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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 2008

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.	2. Exact name of the limited liability company			
159903	Colemont Insurance Brokers of Arizona LLC			
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island			
DE	Insurance Brokerage			
5. Principal office address		City	State	Zip
5910 N. Central Expressway ste 400		Dallas	TX	75206

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title			
Taha Riaz	Financial Analyst			
Street Address		City	State	Zip
5910 N. Central Expressway ste 400		Dallas	TX	75206

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			Manager Name		
Kris Bostick			Marshall Bath		
Street Address			Street Address		
5910 N. Central Expressway ste 400			5910 N. Central Expressway 400		
City	State	Zip	City	State	Zip
Dallas	TX	75206	Dallas	TX	75206
Manager Name			Manager Name		
Robert Matamoros			Dave Steveoff		
Street Address			Street Address		
5910 N. Central Expressway ste 400			5910 N. Central Expressway ste 400		
City	State	Zip	City	State	Zip
Dallas	TX	75206	Dallas	TX	75206

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

[redacted] [redacted]

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.

Kris Bostick 9-28-08
Signature of Authorized Person *Date*

Kris Bostick
Print or Type Name of Authorized Person

[redacted]

File Date FILED
Check No. OCT 03 2008
By By RJ27
FOR SECRETARY OF STATE USE ONLY

26889-2-289641

Form 632 Rev. 08/08