



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. 159903		2. Exact name of the limited liability company Colemont Insurance Brokers of Arizona LLC	
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island Insurance Brokerage	
5. Principal office address 5910 N. Central Expressway SE 400		City Dallas	State TX
		Zip 75206	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Taha Riaz		Contact Title Financial Analyst	
Street Address 5910 N. Central Expressway SE 400		City Dallas	State TX
		Zip 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 Kris Bostick		Manager Name Marshall Kahn	
Street Address 5910 N. Central Expressway SE 400		Street Address 5910 N. Central Expressway 400	
City Dallas	State TX	City Dallas	State TX
Zip 75206		Zip 75206	
Manager Name Robert Matamoros		Manager Name Dale Sterleoff	
Street Address 5910 N. Central Expressway SE 400		Street Address 5910 N. Central Expressway SE 400	
City Dallas	State TX	City Dallas	State TX
Zip 75206		Zip 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).

File Date	FILED
Check No.	OCT 08 2008
By	[Signature]
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.

[Signature] 9-28-08
Signature of Authorized Person Date
Kris Bostick
Print or Type Name of Authorized Person