



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

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 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: 2008

1. ID No. 000150263

2. Exact Name of the Limited Liability Company Allied North America Insurance Brokerage of Connecticut, LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

INSURANCE BROKERAGE SERVICES

5. Principal Office Address

No. and Street: C/O NATIONAL REGISTERED AGENTS, INC
12 OLD BOSTON POST ROAD

City or Town: OLD SAYBROOK

State: CT Zip: 06475 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JOHN DAMBROSIO Contact Title: CORP COMPLIANCE OFFICER

No. and Street: 390 NORTH BROADWAY

City or Town: JERICHO

State: NY

Zip: 11753-2125

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	WILLIAM A. MARINO	390 N. BROADWAY JERICHO, NY 11753 USA
MANAGER	HENRY C LOMBARDI COO	390 N BROADWAY JERICHO, NY 11752 USA
MANAGER	PETER M MCGANN CFO	390 N BROADWAY JERICHO, NY 11753 USA
MANAGER	WARREN A MCGRATH PRESIDENT	10 LINCOLN PLACE, SUITE 116 FOXBOROUGH, MA 02035 USA
MANAGER	BRIAN M ROSSI EXEC VP	10 LINCOLN PLACE, SUITE 116 FOXBOROUGH, MA 02035 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 24 Day of November, 2008 at 4:43:31 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 WILLIAM A MARINO, CEO
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2008 State of Rhode Island and Providence Plantations
All Rights Reserved