



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

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. 249307		2. Exact name of the limited liability company ARM-Capacity of New York, LLC	
3. State of Formation New York		4. Brief description of the character of the business which is actually conducted in Rhode Island Insurance Company Agency	
5. Principal office address 90 Broad St., Suite 1503		City New York	State NY
		Zip 10004	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Kathryn Dowling DEBRA STANTON		Contact Title CORPORATE SERVICES	
Street Address 90 Broad St., Suite 1503		City New York	State NY
		Zip 10004	
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	
Street Address		Street Address	
City	State	City	State
Zip		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 Mark B. Bardorf		Address	
Address 36 Washington Square		City Newport	Zip 02840

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

249307

FILED

File Date **DEC 04 2008**

Check No. **By 10995**

By: _____

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 of Authorized Person

Date

11/12/08

CARL A. GERSON

Print or Type Name of Authorized Person