RI SOS Filing Number: 201066428540 Date: 08/02/2010 4:00 PM

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 2010

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
000141509	Distinguished Programs Insurance Brokerage, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Delaware	Insurance sales and services

5. Principal office address	City	State	Zip
1180 Avenue of the Americas, 16th Floor	New York	NY	10036

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

Contact Name	Contact Title
Gary T. Harker, Esq.	

Street Address	City	State	Zip
c/o 3H Corporate Services, LLC 6 Clement Avenue	Saratoga Springs	NY	12866

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	Street Address	City	State	Zip
Jeremy Hitzig	1180 Avenue of the Americas, 16th Floor	New York	NY	10036
Carla Vel	1180 Avenue of the Americas, 16th Floor	New York	NY	10036
David Watkins	1180 Avenue of the Americas, 16th Floor	New York	NY	10036

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

2010 JUL 30 AM 8:43

2010 AUG -2 AM 8:59

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

000141509

FILED
File Date AUG 02 2010
Check No. 473706
By
By:
FOR SECRETARY OF STATE USE ONLY
52078-1-474535

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* July 12, 2010

Carla Vel
Print or Type Name of Authorized Person

Form 632 Rev. 08/08