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*		
156753	Providence Washington Insurance Solutions, LLC		
3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*		
Rhode Island	Claim Service Company		
5. Principal office address	*City*	*State*	*Zip*
1275 WAMPANOAG TRAIL	East Providence	RI	02915

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

Contact Name	*Contact Title*		
Nanci Wass	Tax Accountant		
Street Address	*City*	*State*	*Zip*
same as above			

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*	*Zip*	*City*	*State*	*Zip*
Manager Name			*Manager Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

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] 156753

FILED
File Date OCT 15 2010
Check No. By mme
By: 0000001694
FOR SECRETARY OF STATE USE ONLY

[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.

D.E. Woellner 10/5/10
Signature of Authorized Person *Date*

[redacted] D.E. Woellner, SVP
Print or Type Name of Authorized Person

Form 632 Rev. 08/08