



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

A. Ralph Molis, 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)(1)) is subject to a penalty fee of \$25.00.

1. ID No. 337877		2. Exact name of the limited liability company Welcome Life Securities, LLC			
3. State of Formation Florida		4. Brief description of the character of the business which is actually conducted in Rhode Island Insurance Services			
5. Principal office address 301 Yamato Road Suite 1190		City Boca Raton		State FL	Zip 33487
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME FOR TITLE OF CONTACT PERSON:					
Contact Name Daniel A. Ohman			Contact Title		
Street Address 301 Yamato Road Suite 1190		City Boca Raton		State FL	Zip 33487
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE - DO NOT LIST MEMBERS) FILL IN SPACES BEFORE USING ATTACHMENTS - IF PG. FOR ATTACHMENT: ☐					
Manager Name Daniel A. Ohman			Manager Name Daniel A. Ohman		
Street Address 301 Yamato Road Suite 1190		Street Address 6001 Broken Sound Pkwy, Ste. 320-A			
City Boca Raton	State FL	Zip 33431	City Boca Raton	State FL	Zip 33487
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					

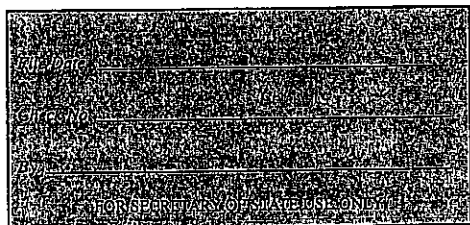
FILED

OCT 25 2010

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

337877



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

Daniel Ohman

Print or Type Name of Authorized Person