



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(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: 2013

1. ID No. 000101363

2. Exact Name of the Limited Liability Company Management Compensation Group, Northwest, LLC

3. State of Formation

State: DE

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

MARKETING AND SELLING INSURANCE

5. Principal Office Address

No. and Street: 1125 NW COUCH STREET, SUITE 900

City or Town: PORTLAND

State: OR Zip: 97209 Country: USA

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

Contact Name: Contact Title:

No. and Street: 1125 NW COUCH STREET, SUITE 900

City or Town: PORTLAND

State: OR Zip: 97209 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	STEPHEN L SHEPARD	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	DONALD H FRIEDMAN	1125 NW COUCH STREET, SUITE 900 PORTLAND, OR 97209- USA
MANAGER	JAMES A CHENEY	14072 SCENIC HIGHWAY LOOKOUTMOUNTAIN, GA 30750 USA
MANAGER	DAVID J DOWNEY	1210 WEST ARMORY CHAMPAIGN, IL 61821 USA

MANAGER	FRED H JONSKE	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	RANDALL M OCONNOR	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	VICTOR PALMIERI	1437 VIA ANITA PACIFIC PALISADES, CA 90272 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 29 Day of July, 2013 at 12:58:36 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 DONALD FRIEDMAN
Signature of Authorized Person

Form No. 632
Revised 09/07

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