



**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.** 000155142

**2. Exact Name of the Limited Liability Company** Residential Warranty Company LLC

**3. State of Formation**

State: NV

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

ADMINISTRATION OF A NATIONAL LIMITED RESIDENTIAL WARRANTY PROGRAM

**5. Principal Office Address**

No. and Street: 3430 EAST RUSSEL ROAD #323

City or Town: LAS VEGAS

State: NV Zip: 89120 Country: USA

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

Contact Name: Contact Title:

No. and Street: 5300 DERRY STREET

City or Town: HARRISBURG

State: PA Zip: 17111 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| MANAGER | RESIDENTIAL WARRANTY CORP OF<br>PENNSYLVANIA   | 5300 DERRY STREET<br>HARRISBURG, PA 17111- 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 August, 2013 at 10:40:41 AM 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 SUSAN R. KENT  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2013 State of Rhode Island and Providence Plantations  
All Rights Reserved