



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 2013

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. 509442		2. Exact name of the limited liability company Trusted Insurance Alliance, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Financial management services for participating insurance agencies	
5. Principal office address 279 Dexter Street		City Pawtucket	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert B. Loiselle		Contact Title	
Street Address 279 Dexter Street		City Pawtucket	State RI
		Zip 02860	
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 <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
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			

2013 AUG 29 AM 11:40
 CORPORATIONS DIV
 STATE

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

FILED

AUG 29 2013

By **49-204817**

AA-11:40AM

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Robert B. Loiselle 8/28/13
Signature of Authorized Person Date

Robert B. Loiselle

Print or Type Name of Authorized Person