

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the limited liability company						
788011	Phoenix	Group, LLC						
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island						
Rhode Island		TO OPERATE AN INSURANCE AGENCY AND INSURANCE BROKERAGE AGENCY AND ALL MATTERS RELATED THERETO						
5. Principal office address 1150 New London A	Avenue, Unit 12	20	City Cranston	State RI	Zip 02920			
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:				
Contact Name Paul J. Damiano			Contact Title Manager					
Street Address 1150 New London Avenue, Unit 120			City Cranston	State RI	Zip 02920			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD IMENT) [RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS			
Manager Name Paul J. Damiano			Manager Name					
Street Address 1150 New London A	venue, Unit 12	0	Street Address	Street Address				
City Cranston	State RI	Zip 02920	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN R	HODE ISLAND							
		e Office of the Secret	ary of State. Changes require	e filing Form 642.				
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File Date BY_	0/05	Under penalty of perjury, I declare and affir this report, including any accompanying so	chedules and statements	
i ne Date		and that all statements contained herein are true and correct.		
Check No		faux premier	09/27/2013	
Ву:		Signature of Authorized Person	Date	
TOD COORDER BY OF STATE USE OW V		PAUL J.(DÁMIANO		
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012