



**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: 2014

1. ID No. 000117439

2. Exact Name of the Limited Liability Company Strategic Point Insurance Services, LLC.

3. State of Formation

State: DE

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

INSURANCE SERVICES

5. Principal Office Address

No. and Street: 294 WEST EXCHANGE STREET
SUITE 100

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

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

Contact Name: ANDREA FELICE Contact Title: CFO

No. and Street: 294 WEST EXCHANGE STREET
SUITE 100

City or Town: PROVIDENCE State: RI Zip: 02903 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	RICHARD J ANZELONE	294 W. EXCHANGE ST SUITE 100 PROVIDENCE, RI 02903 USA
MANAGER	BETSEY A PURINTON	294 W. EXCHANGE ST PROVIDENCE, RI 02903 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

R. BART TOTTEN, ESQUIRE ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR
PROVIDENCE , RI 02903

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

Signed this 9 Day of September, 2014 at 3:08:32 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 ANDREA FELICE
Signature of Authorized Person

Form No. 632
Revised 09/07

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