



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. 000149669

2. Exact Name of the Limited Liability Company Prudential Insurance Agency, LLC

3. State of Formation

State: NJ

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

Engages in and provides insurance general agency services primarily for the Individual Life Insurance business group, but may also do so for other Prudential businesses, with management approval.

5. Principal Office Address

No. and Street: 213 WASHINGTON STREET
17TH FLOOR

City or Town: NEWARK State: NJ Zip: 07102-2917 Country: USA

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

Contact Name: Contact Title:
No. and Street: 213 WASHINGTON STREET
17TH FLOOR

City or Town: NEWARK State: NJ Zip: 07102-2917 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	CAROLINE A FEENEY	213 WASHINGTON ST, WASH NEWARK, NJ 07102-2917 USA
MANAGER	MILTON T LANDES	213 WASHINGTON ST, WASH NEWARK, NJ 07102-2917 USA
MANAGER	BERNARD G O HARA	213 WASHINGTON ST, WASH NEWARK, NJ 07102-2917 USA

MANAGER	KENT D SLUYTER	213 WASHINGTON ST, WASH NEWARK, NJ 07102-2917 USA
MANAGER	BETH A ZAMPINO	213 WASHINGTON ST, WASH NEWARK, NJ 07102-2917 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 27 Day of October, 2014 at 6:34:42 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 DARETH JEFFERS
Signature of Authorized Person

Form No. 632
Revised 09/07

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