



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 **2010**

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. 000486991		2. Exact name of the limited liability company FORD INSURANCE AGENCY LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island INSURANCE			
5. Principal office address PO BOX 5523		City WAKEFIELD		State RI	Zip 02880
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PAULA M FORD		Contact Title AGENCY PRINCIPAL			
Street Address PO BOX 5523		City WAKEFIELD		State RI	Zip 02880
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City		State		Zip	
Manager Name		Manager Name			
Street Address		Street Address			
City		State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2015 APR 10 PM 2:35

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APR 10 2015

By 216715
A.A. 2:36pm

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

04/02/2015

Date

PAULA M FORD

Print or Type Name of Authorized Person