



**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 **2014**

**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.<br><b>000592414</b>  |       | 2. Exact name of the limited liability company<br><b>International Excess Alliance, LLC</b>            |                                |                    |                     |
| 3. State of Formation<br><b>OH</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Insurance Agency</b> |                                |                    |                     |
| 5. Principal office address<br><b>3700 Park East Drive, Suite # 250</b>   |       |  | City<br><b>Beachwood</b>       | State<br><b>OH</b> | Zip<br><b>44122</b> |
| Contact Name<br><b>Antony E. DeMarco</b>  |       |  | Contact Title<br><b>Member</b> |                    |                     |
| Street Address<br><b>3700 Park East Drive, Suite # 250</b>  |       |  | City<br><b>Beachwood</b>       | State<br><b>OH</b> | Zip<br><b>44122</b> |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (X BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |  |                                |                    |                     |
| Manager Name  |       |  | Manager Name                   |                    |                     |
| Street Address  |       |  | Street Address                 |                    |                     |
| City  | State | Zip  | City                           | State              | Zip                 |
| Manager Name  |       |  | Manager Name                   |                    |                     |
| Street Address  |       |  | Street Address                 |                    |                     |
| City  | State | Zip  | City                           | State              | Zip                 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |       |  |                                |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |  |                                |                    |                     |

2015 APR 13 PM 12:08  
 SECRETARY OF STATE  
 CORPORATIONS DIV

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 By 246833  
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 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

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.

Antony E. DeMarco 4/13/15  
 Signature of Authorized Person Date  
Antony E. DeMarco  
 Print or Type Name of Authorized Person