



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: 2015

1. ID No. 000159903

2. Exact Name of the Limited Liability Company AmWINS Brokerage of Arizona, LLC

3. State of Formation

State: DE

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

Wholesale insurance brokerage

5. Principal Office Address

No. and Street: 2111 EAST HIGHLAND AVENUE
SUITE B-155

City or Town: PHOENIX State: AZ Zip: 85016 Country: USA

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

Contact Name: Contact Title:

No. and Street: 4725 PIEDMONT ROW DRIVE
SUITE 600

City or Town: CHARLOTTE State: NC Zip: 28210 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	MICHAEL STEVEN DECARLO	4725 PIEDMONT ROW DRIVE, SUITE 600 CHARLOTTE, NC 28210 USA
MANAGER	SCOTT M. PURVIANCE	4725 PIEDMONT ROW DRIVE, SUITE 600 CHARLOTTE, NC 28210 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 17 Day of September, 2015 at 5:04:00 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 KELLY LETTMANN
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations
All Rights Reserved