



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. 000485726

2. Exact Name of the Limited Liability Company Trident Insurance Services LLC

3. State of Formation

State: TX

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

Insurance Sales

5. Principal Office Address

No. and Street: 175 E. HOUSTON STREET
SUITE 1300

City or Town: SAN ANTONIO State: TX Zip: 78205 Country: USA

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

Contact Name: DEBBIE BAUMANN Contact Title: REGULATORY COMPLIANCE ASSISTANT

No. and Street: P.O. BOX 469011

City or Town: SAN ANTONIO State: TX Zip: 78246 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	RONALD M VINDIVICH	8720 STONY POINT PKWY, STE 400 RICHMOND, VA 23235 USA
MANAGER	CRAIG S COMEAUX	175 E. HOUSTON ST, STE 1300 SAN ANTONIO, TX 78205 USA
MANAGER	RICHARD A ARTESSA	175 E HOUSTON ST, STE 1300 SAN ANTONIO, TX 78205 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL REGISTERED AGENTS, INC. 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 8 Day of October, 2015 at 11:50:31 AM 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 DEBBIE BAUMANN
Signature of Authorized Person

Form No. 632
Revised 09/07

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