



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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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. 1339324		2. Exact name of the limited liability company Team Risk Management Strategies LLC			
3. State of Formation CA		4. Brief description of the character of business conducted in Rhode Island Employ people who provide personal services to trust beneficiaries.			
5. Principal office address 8530 LA MESA BOULEVARD, SUITE 200		City LA MESA	State CA	Zip 91942	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Denise Bryant		Contact Title			
Street Address 8530 LA MESA BOULEVARD, SUITE 200		City LA MESA	State CA	Zip 91942	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name JOSHUA GREENBERG		Manager Name			
Street Address 8530 LA MESA BOULEVARD, SUITE 200		Street Address			
City LA MESA	State CA	Zip 91942	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					

FILED

OCT 27 2015

BY CA 259647

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

Date

Joshua Greenberg

Print or Type Name of Authorized Person