



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 **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. <b>122656</b>		2. Exact name of the limited liability company <b>RICHARDSON AGENCY, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>INSURANCE AGENCY</b>			
5. Principal office address <b>467 MENDON ROAD</b>		City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:					
Contact Name <b>JAMES R. RICHARDSON</b>		Contact Title <b>MEMBER</b>			
Street Address <b>467 MENDON ROAD</b>		City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE - DO NOT LIST MEMBERS ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>			
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**

JAN 11 2016

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Please mail signed report and \$50.00  
filing fee to:  
Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615

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

**JAMES R. RICHARDSON, MEMBER**

Print or Type Name of Authorized Person