



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2016 MAY 19 11:23

Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE

1. Entity ID Number		2. Exact name of the Limited Liability Company			
971171		ASPIRE INSURANCE LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
R.I.		INSURANCE SALES			
5. Principal Office Address		City	State	Zip	
58 Greenville Ave		Johnston	R.I.	02919	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
Richard Fraielli			President		
Street Address		City	State	Zip	
78 Farth Ave		Cranston	R.I.	02910	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person				Date	
Richard Fraielli				5/19/16	
Signature of Authorized Person				SIGN DOCUMENT HERE	

FILED

MAY 19 2016

By ce

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