



**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:** 2016

**1. ID No.** 000101363

**2. Exact Name of the Limited Liability Company** Management Compensation Group, Northwest, LLC

**3. State of Formation**

State: DE

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

MARKETING AND SELLING INSURANCE

**5. Principal Office Address**

No. and Street: 1125 NW COUCH STREET, SUITE 900

City or Town: PORTLAND

State: OR Zip: 97209 Country: USA

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

Contact Name: Contact Title:

No. and Street: 1125 NW COUCH STREET, SUITE 900

City or Town: PORTLAND

State: OR Zip: 97209 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	FRED H JONSKE	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	JOHN BARRY	1100 KENILWORTH AVE SUITE 110 CHARLOTTE, NC 28204 USA
MANAGER	RANDALL M OCONNOR	1125 NW COUCH STREET SUITE 900 PORTLAND, OR 97209 USA
MANAGER	JAMES A CHENEY	14072 SCENIC HIGHWAY LOOKOUTMOUNTAIN, GA 30750 USA

MANAGER

DAVID J DOWNEY

1210 WEST ARMORY  
CHAMPAIGN, IL 61821 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 15 Day of August, 2016 at 1:16:56 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 KEVIN KUKAR  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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