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

Annual Report for the year: 2016 Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

| 1. Entity ID Number | Entity ID Number 2. Exact name of the Limited Liability Company | | | | | | | |
|--|---|----------------------|---|-----------------------|----------------------|--|--|--|
| 000557674 | Capacity Group of NY, LLC | | | | | | | |
| 3. State of Formation | 4. Brief description of the character of business conducted in Rhode Island | | | | | | | |
| NJ | Non-reside | nt insurance s | ales and service | | | | | |
| | | | | | | | | |
| 5. Principal Office Address | | | City | State | Zip | | | |
| 1983 Marcus Avenue, Suite 140 | | | Lake Success | NY | 11042 | | | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | | |
| Contact Name Robert Luli | | | Contact Title COO | | | | | |
| Street Address 1983 Marcus Av | renue, Suite | 140 | City Lake Success | State NY | ^{Zip} 11042 | | | |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | | |
| Manager Name Robert Luli | | | Manager Name Jay Bergstein | | | | | |
| Street Address 1 International Boulevard, Suite 300 | | | Street Address 1 International Boulevard, Suite 300 | | | | | |
| ^{City} Mahwah | State NJ | ^{Zip} 07495 | ^{City} Mahwah | State NJ | ^{Zip} 07495 | | | |
| Manager Name Michael Duni | - | | Manager Name Robert G. Salem | | | | | |
| Street Address 900 Merchants C | Concourse | | Street Address 900 Merchants Concourse | | | | | |
| City Westbury | State NY | ^{Zip} 11590 | City Westbury | StateNY | ^{Zip} 11590 | | | |
| | | | | Check the box to indi | cate an attachment | | | |
| 8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642. | | | | | | | | |
| 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. | | | | | | | | |
| Name of Authorized Person | Date | Date | | | | | | |
| Robert Luli | 7 Xill | | 8/16/2016 | | | | | |
| Signature of Authorized Person SIGN DOCUMENT HERE | | | | | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

