s s	tate of Rhode Island and P Office of the Secre		Fee: \$50.00	
HOPE	Division Of Busine 148 W. River Providence RI 02 (401) 222-3	Street 904-2615		
Limited Liability Com Annual Report Filing Period: September 1				
	7-16-66(d), each limited liability con in thirty (30) days after the time pres penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	2016			
1. ID No. <u>000898543</u>				
2. Exact Name of the Limited Liability Company Consumer Agent Portal, LLC				
3. State of Formation				
State: <u>DE</u>				
	ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.				
NAICS Code				
ļ				
4. Brief Description of th	e Character of the Business Whi	ch is Actually Conducted in Kn	ode Island	
NON RESIDENT INSU	RANCE AGENCY			
5. Principal Office Addre	SS			
No. and Street:100 NORTH SIXTH STREET, SUITE 302ACity or Town:MINNEAPOLISState:MNZip:55403Country:USA				
6. Mailing Address of Lir	mited Liability Company and Nar	ne or Title of Contact Person:		
	L WNEK Contact Title:			
No. and Street: <u>100 NOF</u> City or Town: <u>MINNEA</u>	<u>RTH SIXTH STREET, SUITE 3</u> POLIS	<u>302A</u> State: <u>MN</u> Zip: <u>55403</u> C	ountry: <u>USA</u>	
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limited Lia	ability Company, if Applicable.		
Title	Individual Name	Address		
MANACED	First, Middle, Last, Suffix	Address, City or Town, State, Zip C		
MANAGER	CHARLES BACCIOCCO	100 NORTH SIXTH STREET MINNEAPOLIS, MN 55403		

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 16 Day of September, 2016 at 11:19:22 AM 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 CHARLES BACCIOCCO

Signature of Authorized Person

Form No. 632 Revised 09/07

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