

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 YEA | r: 2016 | , |
|-------------------|---------|---|
|-------------------|---------|---|

- 1. **ID No.** 000875192
- 2. Exact Name of the Limited Liability Company Life Time Ins Group LLC
- 3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

52

6

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

CONSULTING

5. Principal Office Address

No. and Street: 335-E CENTERVILLE ROAD, BLDG 5

City or Town: WARWICK State: RI Zip: 02886 Country: USA

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

Contact Name: GAYLE M JENDZEJEC Contact Title:

No. and Street: 58 REGINA DR

City or Town: WEST GREENWICH State: RI Zip: 02817 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

| Title | Individual Name | Address |
|---------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| MANAGER | GAYLE M. JENDZEJEC | 58 REGINA DRIVE WEST GREENWICH, RI 02817 USA |

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

MARK D. TOURGEE, ESQ. INMAN TOURGEE & WILLIAMSON 1500 NOOSENECK HILL ROAD COVENTRY, RI 02816

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 4:57:27 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 GAYLE M JENDZEJEC
Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved