	State of Rhode Island and Providence PlantationsFee: \$50Office of the Secretary of State
	Division Of Business Services
	148 W. River Street
	Providence RI 02904-2615 (401) 222-3040
HOPE	(+01) 222 30+0
imited Liability C	ompany
nnual Report iling Period: Septembe	er 1 - November 1
	G.L. 7-16-66(d), each limited liability company failing or refusing vithin thirty (30) days after the time prescribed by law (R.I.G.L. 7-
6-66(b&c)) is subject to	o a penalty fee of \$25.00.
ANNUAL REPORT YEAR: 2016	
I. ID No. <u>000160</u>	533
2. Exact Name of the Limited Liability Company INSCO RIP, LLC	
3. State of Formation	n
State: <u>RI</u>	
Using the following NA	ARTICLE III ICS codes, please select the code that best describes your business.
	ICS codes, please select the code that best describes your business.
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

E. COLBY CAMERON, ESQ. 301 PROMENADE STREET PROVIDENCE, RI 02908

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

Signed this 21 Day of September, 2016 at 4:01:27 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 <u>EDMUND M. MAURO, III, PRESIDENT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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