s s	tate of Rhode Island and Pro Office of the Secreta		ns Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-304		
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. 000693311			
2. Exact Name of the Limited Liability Company Pearl Carroll & Associates 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		6	<u>52</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
INSURANCE COMPANY SALES AND ADMINISTRATION			
5. Principal Office Address			
No. and Street: <u>12 CORNELL ROAD</u>			
City or Town: <u>LA</u>	<u>THAM</u> State: <u>N</u>	<u>Y</u> Zip: <u>12110</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>PEGGY KING</u> Contact Title: <u>ASSISTANT VICE PRESIDENT-CORPORATE</u> COMPLIANCE			
No. and Street: 1200 E. GLEN AVENUE			
City or Town: <u>PEORIA HEIGHTS</u> State: <u>IL</u> Zip: <u>61616</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	
MANAGER	First, Middle, Last, Suffix GARY P PEARL	Address, City or Town, S	tate, Zip Code, Country
		PEORIA HEIGHTS	

## 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> 02914

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

**Signed this 17 Day of October, 2016 at 10:39:40 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 GARY P PEARL

Signature of Authorized Person

Form No. 632 Revised 09/07

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