

# 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 YEAR: 2016

- **1. ID No.** 000693311
- 2. Exact Name of the Limited Liability Company Pearl Carroll & Associates LLC
- 3. State of Formation

State: DE

#### **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: 12 CORNELL ROAD

City or Town: <u>LATHAM</u> State: <u>NY</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: PEGGY KING Contact Title: ASSISTANT VICE PRESIDENT-CORPORATE

COMPLIANCE

No. and Street: 1200 E. GLEN AVENUE

City or Town: PEORIA HEIGHTS State: IL Zip: 61616 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	GARY P PEARL	1220 E. GLEN AVE PEORIA HEIGHTS, IL 61616 USA

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

 $\frac{\text{CT CORPORATION SYSTEM}}{\text{PROVIDENCE}} \ \, \frac{450 \text{ VETERANS MEMORIAL PARKWAY, SUITE 7A}}{\text{EAST}}$ 

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

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