



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Limited Liability Company  
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

1. ID No. 000137120

2. Exact Name of the Limited Liability Company Helmsman Insurance Agency LLC

3. State of Formation

State: MA

ARTICLE III

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

NAICS Code  52

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

INSURANCE BROKERING SERVICES

5. Principal Office Address

No. and Street: 175 BERKELEY STREET

City or Town: BOSTON

State: MA

Zip: 02116

Country: USA

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

Contact Name: Contact Title:

No. and Street: 175 BERKELEY STREET

City or Town: BOSTON

State: MA

Zip: 02116

Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DENNIS J. LANGWELL	175 BERKELEY ST BOSTON, MA 02116 USA
MANAGER	JAMES F KELLEHER	175 BERKELEY ST BOSTON, MA 02116 USA

MANAGER

JAMES M MACPHEE

175 BERKELEY ST.  
BOSTON, MA 02116

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

**Signed this 2 Day of November, 2016 at 11:56:25 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 DENNIS J. LANGWELL  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

Nellie M. Gorbea  
*Secretary of State*

