State of Rhode Island Department of			s Division		
Annual Report for the	year: ²⁰¹⁶				
Limited Liability Comp → Filing period: Septembe → Filing Fee: \$50.00 → Penalty: Additional \$25.0	any r 1 - November		nber 1.	_	
1. Entity ID Number	2. Exact name	of the Limited Lia	ability Company		<u>-</u> ,
145683	ABC GROUP, LLC.				
3. NAICS Code 52 - Finance and Insurance	Brief description of the character of business conducted in Rhode Island Insurance Sales				
5. State of Formation	Insurance 3a	ies			
Rhode Island					
6. Principal Office Address			City	State	Zip
855 Reservoir Avenue			Cranston	RI	02910
7. Mailing Address of Limited Li	ability Company	and Name or Title	of Contact Person	ļ	
Contact Name Larry D. Moses, Sr.			Contact Title		
Street Address 855 Reservoir Avenue			City Cranston	State RI	^{Zip} 02910
8. List ALL managers (names a	ind addresses) o	f the Limited Liabi	lity Company, IF APPLICABLE - I	OO NOT LIST M	EMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Person

Larry D. Moses, Sr.

Date

11-7-16

Signature of Authorized Person

8IGN DOCUMENT HERE

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 0 9 2016

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