

# 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.** 000892322

- 2. Exact Name of the Limited Liability Company Foley Carrier Insurance Services, 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 524210

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

#### INSURANCE BROKER

5. Principal Office Address

No. and Street: 140 HUYSHOPE AVENUE

City or Town: HARTFORD State: CT Zip: 06106 Country: USA

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

Contact Name: Contact Title:

No. and Street: 10 NEW ENGLAND BUSINESS CENTER, SUITE 202

City or Town: ANDOVER State: MA Zip: 01810Country: 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	JOEL L. SITAK	10 NEW ENGLAND BUSINESS CENTER, SUITE 202 ANDOVER, MA 01810 USA
MANAGER	MARY HENRY	10 NEW ENGLAND BUSINESS CENTER, SUITE 202

		ANDOVER, MA 01810 USA
MANAGER	JOEL SITAK	10 NEW ENGLAND BUSINESS CENTER, SUITE 202 ANDOVER, MA 01810 USA

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

 $\underline{\mathsf{NATIONAL}\ \mathsf{CORPORATE}\ \mathsf{RESEARCH}, \mathsf{LTD}.}\ \ \underline{\mathsf{222}\ \mathsf{JEFFERSON}\ \mathsf{BOULEVARD}}\ \ \ \underline{\mathsf{WARWICK}}\ ,\ \ \underline{\mathsf{RI}}\ \ \underline{\mathsf{02888}}$ 

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

**Signed this 23 Day of November, 2016 at 11:40:57 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 JOEL L. SITAK

Signature of Authorized Person

Form No. 632 Revised 09/07

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