



**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.** 000573561

**2. Exact Name of the Limited Liability Company** Triton Insurance Agency, LLC

**3. State of Formation**

State: RI

**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 AGENCY OPERATION WITH DULY LICENSED INSURANCE AGENTS

**5. Principal Office Address**

No. and Street: ONE WASHINGTON STREET

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

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

Contact Name: ROBERT E. PECK Contact Title: MANAGING MEMBER

No. and Street: ONE WASHINGTON STREET

City or Town: NEWPORT

State: RI Zip: 02840 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	ROBERT E PECK	400 GLEN ROAD PORTSMOUTH, RI 02871 USA

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

TIMOTHY H. HORKINGS NEWPORT SHIPYARD ONE WASHINGTON STREET NEWPORT , RI 02840

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

**Signed this 4 Day of January, 2017 at 11:43:57 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 ROBERT E PECK  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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