



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

6

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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