



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

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000088257

2. Name of Corporation LPL Insurance Associates, Inc.

3. Street Address Principal Business Office:

No. and Street: 4707 EXECUTIVE DRIVE

City or Town: SAN DIEGO

State: CA

Zip: 92121

Country: USA

4. Business Phone No.

858-450-9606

5. State of Incorporation

State: DE

ARTICLE III

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

NAICS Code

6

52

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ENGAGE IN THE BUSINESS OF THE DISTRIBUTION OF INSURANCE AND FINANCIAL SERVICES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	WARREN POSNER	4707 EXECUTIVE DRIVE

		SAN DIEGO, CA 92121 USA
TREASURER	MIMI CARLEY	4707 EXECUTIVE DRIVE SAN DIEGO, CA 92121 USA
SECRETARY	GREGORY M WOODS	75 STATE STREET, 22ND FLOOR BOSTON, MA 02109 USA
DIRECTOR	ROBERT PETTMAN	4707 EXECUTIVE DRIVE SAN DIEGO, CA 92121 USA
DIRECTOR	WILLIAM P MORRISSEY JR	4707 EXECUTIVE DRIVE SAN DIEGO, CA 92121 USA
DIRECTOR	J. ANDREW KALBAUGH	1055 LPL WAY FORT MILL, SC 29715 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	10

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 24 Day of January, 2017 at 11:59:07 AM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By GREGORY M WOODS
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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