



**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: 2017

1. ID No. 000485726

2. Exact Name of the Limited Liability Company TRIDENT INSURANCE SERVICES LLC

3. State of Formation

State: TX

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

524210

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

NON-RESIDENT INSURANCE AGENCY

5. Principal Office Address

No. and Street: 175 E. HOUSTON STREET
SUITE 1300

City or Town: SAN ANTONIO

State: TX

Zip: 78205

Country: USA

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

Contact Name: Contact Title: REGULATORY COMPLIANCE

No. and Street: 175 E. HOUSTON ST., SUITE 1300

City or Town: SAN ANTONIO

State: TX Zip: 78205 Country: 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	RONALD M VINDIVICH	8720 STONY POINT PKWY, STE 400 RICHMOND, VA 23235 USA
MANAGER	CRAIG S COMEAUX	175 E. HOUSTON ST, STE 1300 SAN ANTONIO, TX 78205 USA
MANAGER	BARBARA L SUTHERLAND	7272 EAST INDIAN SCHOOL ROAD SCOTTSDALE, AZ 85251 USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD SUITE 200 WARWICK , RI
02888

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

Signed this 30 Day of August, 2017 at 6:00:36 PM 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 MICHELE HENSLEE
Signature of Authorized Person

Form No. 632
Revised 09/07

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