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Annual Report for the year: 2017 Characteristics Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2 Event come of the Livin Living 10				
486002	2. Exact name of the Limited Liability Company				
400002	MARSH & MCLENNAN AGENCY LLC				
3. NAICS Code SAUNIU	4. Brief description of the character of business conducted in Rhode Island				
52 - Finance and Insurance	INSURANCE AGENCY AND BROKERAGE				
5. State of Formation	1				
DELAWARE ,					
6. Principal Office Address			City	State	Zip
1166 AVENUE OF THE AMERICAS			NEW YORK	NY	10036
7. Mailing Address of Limited Lia	bility Compa	any and Name or 1	Fitle of Contact Person		
Contact Name EVELYN SANCHEZ			Contact Title TAX CONSULTANT		
Street Address 121 RIVER STREET, TAX DEPT, 3RD FL			City HOBOKEN	State NJ	^{Zip} 07030
8. List ALL managers (names an	id addresse	s) of the Limited Li	iability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
				Check the box to in	ndicate an attachment
9. Resident Agent in Rhode Island	d. This inform	nation is currently of i	record with the Department of Sta	te. Changes require filing	Form 642
Under penalty of perjury, I decl statements, and that all statem	are and affi	irm that I have ex	amined this report, including	g any accompanying	schedules and
Name of Authorized Person				Date	
JOSEPH GIGLIOTTI, MANAGER				917	7 /17
Signature of Authorized Person	(720	SCUMENT HERE		
		7) 2			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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